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Telligen QI Connect™

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COVID-19 Testing Considerations and Cohorting

Presenter: Nimalie Stone, MD - Centers for Disease Control and Prevention

Facilitator: Courtney Ryan – Sr. QI Facilitator

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- » Today's content and answers to participants' questions reflect Telligen's best understanding based on currently available information about COVID-19 as of Thursday, May 28, 2020.
- » However, COVID-19 is an emerging, rapidly evolving situation. Therefore, it remains critically important to continually check the CDC's most up-to-date guidance, as well as the guidance from your state/local health department. [CDC guidance for COVID-19](#) may be adapted by state ([Colorado](#), [Illinois](#), [Iowa](#) and [Oklahoma](#)) and local health departments to respond to rapidly changing local circumstances.
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You Have Our Respect And Admiration

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*Sometimes life will
test you, but
remember this: When
you walk up a
mountain, your legs
get stronger.
~Unknown*



CMS Quality Safety & Oversight (QSO) Memo 20-30-NH

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Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1000

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

DATE: May 18, 2020 Ref: QSO-20-30-NH

TO: State Officials

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Nursing Home Reopening Recommendations for State and Local Officials

Memorandum Summary:

- CMS is committed to taking critical steps to ensure America's nursing homes are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Recommendations for State and Local Officials:** CMS is providing recommendations to help determine the level of mitigation needed to prevent the transmission of COVID-19 in nursing homes. The recommendations cover the following items:
 - **Criteria for relaxing certain restrictions and mitigating the risk of resurgence:** Factors to inform decisions for relaxing nursing home restrictions through a phased approach.
 - **Visitation and Service Considerations:** Considerations allowing visitation and services in each phase.
 - **Restoration of Survey Activities:** Recommendations for restarting certain surveys in each phase.

Background

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting, requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

Recommendations for States

This memorandum provides recommendations for State and local officials to help them determine the level of mitigation needed for their communities' Medicare/Medicaid certified long term care facilities (hereinafter, "nursing homes") to prevent the transmission of COVID-19. We encourage State leaders to collaborate with the state survey agency, and State and local health departments to decide how these and other criteria or actions should be implemented in their state. Examples of how a State may choose to implement these recommendations include:

Recommended for State & Local Officials

- Criteria for relaxing certain restrictions and mitigating the risk of resurgence
- Visitation & service considerations
- Restoration of survey activities



<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>

Nursing Home Reopening Recommendations FAQ

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Nursing Home Reopening Recommendations Frequently Asked Questions

This FAQ answers a range of questions on the topics of:

- Reopening
- Visitation
- Testing Requirements

1. Where can I find the most up-to-date information from CMS on COVID-19?

For a complete and updated list of CMS actions in response to COVID-19, and other information specific to CMS, please visit the [Current Emergencies Website](#). To keep up with the important work the White House Task Force is doing in response to COVID-19, visit www.coronavirus.gov.

2. What is CMS releasing today?

CMS is providing recommendations to state and local officials to help determine the level of mitigation required to continue preventing the spread of COVID-19 within nursing homes, especially as many states begin a phased reopening.

3. What steps should nursing homes take before reopening to visitors?

Nursing homes should continue to follow CMS and CDC guidance for preventing the transmission of COVID-19. In addition, they should follow state and local direction. Because nursing home residents are especially vulnerable, CMS does not recommend opening facilities to visitors (except for compassionate care situations) until phase three when:

- there have been no new, nursing home onset COVID-19 cases in the nursing home for 28 days (through phases one and two)
- the nursing home is not experiencing staff shortages
- the nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents
- the nursing home has adequate access to testing for COVID-19
- Referral hospital(s) have bed capacity on wards and intensive care units

4. Why are there additional criteria for reopening nursing homes when many states seem to be loosening restrictions on workplaces, business, stores, etc.

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of close quarter living in a healthcare

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5/18/2020

Q&A Topics Include:

- » Reopening
- » Visitation
- » Testing requirements

<https://www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf>



Special Guest Speaker

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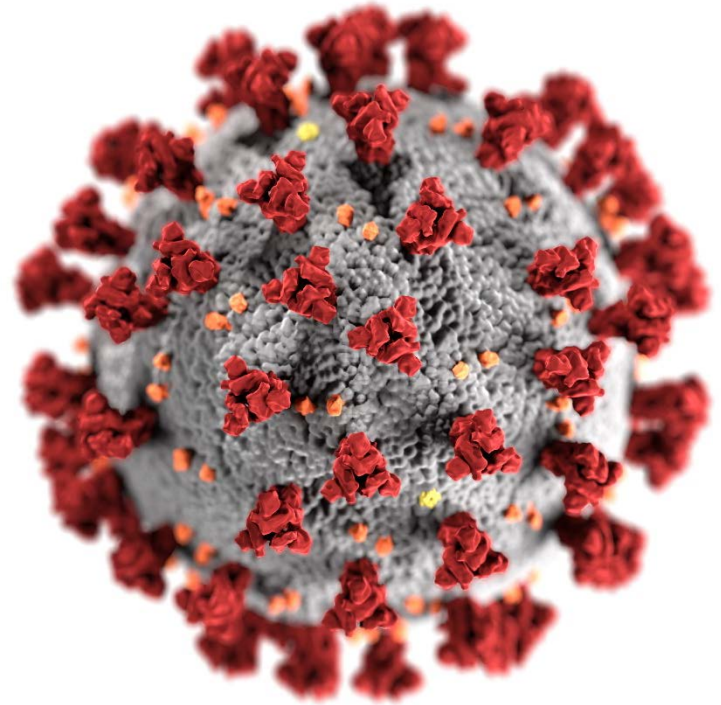
Nimalie Stone, MD

Medical Epidemiologist for Long-term Care
in the Division of Healthcare Quality
Promotion at the Centers for Disease
Control and Prevention (CDC).



COVID-19 Testing and Cohorting Considerations for Nursing Homes

Nimalie D. Stone, MD
Telligen LTC Office Hours
5/28/20



For more information: www.cdc.gov/COVID19

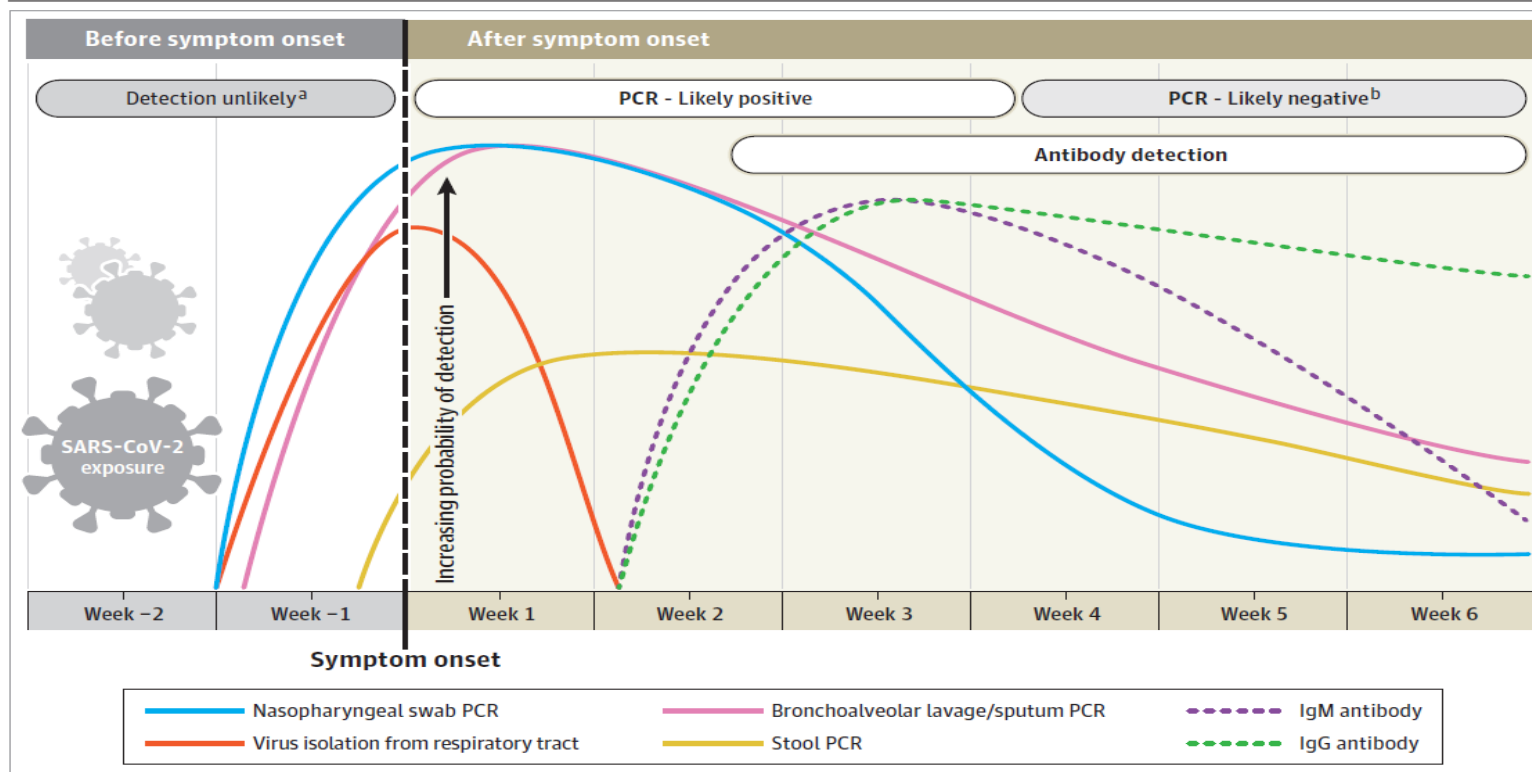
Objectives

- Review COVID-19 testing options and importance of early detection
- Describe updated CDC guidance on COVID-19 testing for nursing homes
- Discuss ways that testing can be used to inform resident placement and cohorting strategies



COVID-19 Diagnostic Testing

Figure. Estimated Variation Over Time in Diagnostic Tests for Detection of SARS-CoV-2 Infection Relative to Symptom Onset



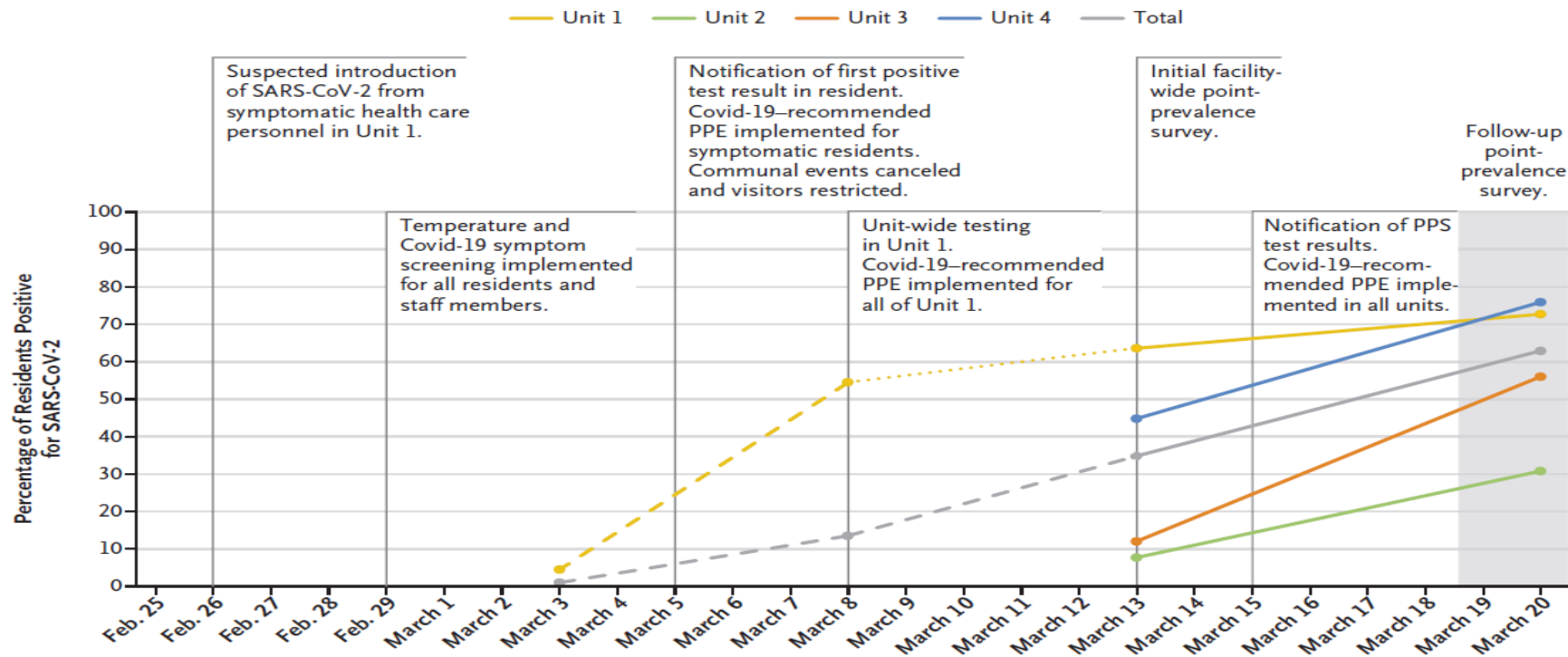


Figure 4. Timeline Showing Prevalence, Notable Events, and Implementation of Infection Prevention and Control Measures at Facility A.

Dashed lines indicate the prevalence of Covid-19 based on test results obtained during clinical evaluation of symptomatic residents before a unit-wide or facility-wide point-prevalence survey (PPS); the dotted line indicates the prevalence based on results from a unit-specific point-prevalence survey; and solid lines indicate the prevalence based on results from clinical evaluation and a facility-wide point-prevalence survey. PPE denotes personal protective equipment.

COVID-19 Detection Challenges

Table 1. Demographic Characteristics and Reported Symptoms in Residents of Facility A at the Time of Testing.*

Characteristics	SARS-CoV-2 Test Results	
	Positive† (N=48)	Negative‡ (N=28)
Overall		
Positive result during initial facility-wide cohort testing — no. (%)	23 (48) ←	—
Mean age (±SD) — yr	78.6±9.5	73.8±11.5
Length of stay at Facility A <90 days before testing — no. (%)	23 (48)	14 (50)

- Two facility-wide prevalence surveys were performed following the initial COVID exposure
- 48 of 76 (63%) residents were determined to be COVID-19 infected during the project
 - Only 23 (~50%) infected residents were identified from the first survey



COVID-19 Symptoms and PCR Testing Results

Table 1. Demographic Characteristics and Reported Symptoms in Residents of Facility A at the Time of Testing.*

Characteristics	SARS-CoV-2 Test Results	
	Positive† (N = 48)	Negative‡ (N = 28)
In symptomatic residents§	21 (44)	11 (39)
At least one typical Covid-19 symptom	17 (35)	8 (29)
Only atypical Covid-19 symptoms	4 (8)	3 (11)
In asymptomatic residents	27 (56)	18 (64)
No symptoms	15 (31)	14 (50)
Only stable, chronic symptoms	12 (25)	3 (11)

* Results include all residents who were present in the facility on March 13 and assented to screening. Facility-wide cohort symptom screens and point-prevalence surveys were performed on March 13 and March 19–20, 2020.

† Residents categorized as positive include those with at least one positive test from facility-wide point-prevalence surveys on March 13 or March 19–20 and one resident who tested negative on March 13 but tested positive before March 13.

‡ Residents categorized as negative include 3 residents who had only one negative swab on March 13 and were not re-tested.

§ Typical symptoms include fever, cough, and shortness of breath. Atypical symptoms include chills, malaise, sore throat, increased confusion, rhinorrhea or nasal congestion, myalgia, dizziness, headache, nausea, and diarrhea.

COVID-19 Viral Detection and Symptoms

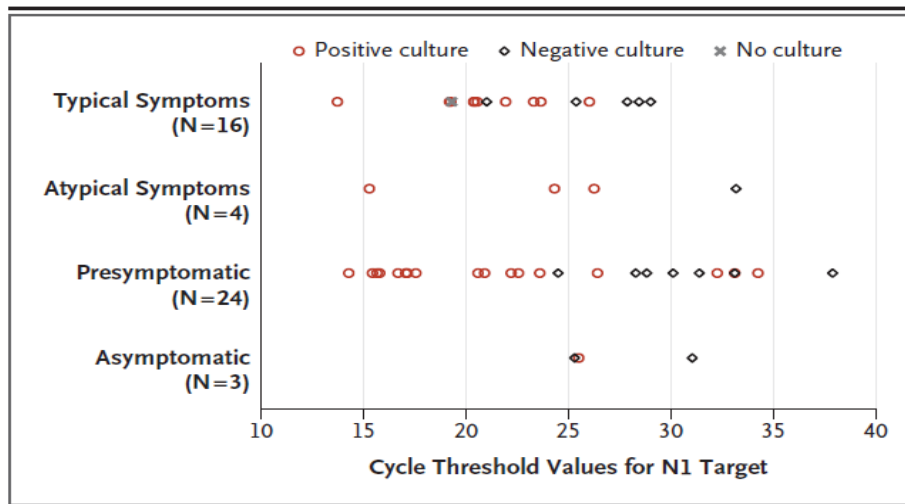


Figure 2. Cycle Threshold Values and Results of Viral Culture for Residents with Positive SARS-CoV-2 Tests According to Their Symptom Status.

Shown are N1 target cycle threshold values and viral culture results for 47 residents' first positive test for SARS-CoV-2 stratified by the resident's symptom status at the time of the test. One positive test was not assessed for culture growth. Typical symptoms include fever, cough, and shortness of breath; atypical symptoms include chills, malaise, increased confusion, rhinorrhea or nasal congestion, myalgia, dizziness, headache, nausea, and diarrhea.

- PCR cycle threshold values provide an estimate of viral burden
 - Lower values represent faster viral detection and potentially higher burden
- Viral culture used to confirm the presence of viable virus
- ***No difference in cycle thresholds or positive viral cultures between residents with and without symptoms***

SARS-CoV-2 Testing in Nursing Homes

- Asymptomatic and pre-symptomatic residents and healthcare personnel (HCP) may introduce virus and be a source for spread in nursing homes
 - Targeting infection control actions for individuals with symptoms may not be sufficient to control transmission
 - Unit- or facility-wide testing of all residents regardless of symptoms may identify additional cases
 - Similar testing approaches in HCP have revealed asymptomatic and pre-symptomatic staff with COVID-19 infection



Coronavirus Disease 2019 (COVID-19)

[CDC](#) > [Coronavirus Disease 2019 \(COVID-19\)](#) > [Healthcare Professionals](#) > [Infection Control](#) > [Nursing Homes & Long-Term Care Facilities](#)



Coronavirus Disease 2019 (COVID-19)

Symptoms

Testing



Prevent Getting Sick



If You Are Sick



Daily Life & Coping



People Who Need Extra Precautions



Pets & Other Animals



Travel



Frequently Asked Questions

Cases, Data, & Surveillance



Testing Guidance for Nursing Homes

Interim Testing Guidance in Response to Suspected or Confirmed COVID-19 in Nursing Home Residents and Healthcare Personnel

[Print Page](#)

Updated May 19, 2020

Related Pages

[Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes](#)

[Considerations for Memory Care Units in Long-term Care Facilities](#)

[Key Strategies for Long-term Care Facilities](#)

[Responding to Coronavirus \(COVID-19\) in Nursing Homes](#)

[Testing for Coronavirus \(COVID-19\) in Nursing Homes](#)

[Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19](#)

Summary of Changes to the Guidance:

Use Testing to Implement IPC Measures

- Testing should not supersede existing infection prevention and control (IPC) interventions such as:
 - Symptom monitoring for residents and staff
 - Universal source control for staff
- Testing should be used when results will lead to specific IPC actions such as:
 - Cohorting residents to separate those with SARS-CoV-2 infection from those without detectable SARS-CoV-2 infection
 - Discontinuing transmission-based precautions following infection resolution
 - Identifying HCP with SARS-CoV-2 infection for work exclusion
- Prior to testing, determine a plan for cohorting residents and potentially mitigating staff shortages



Approaches to SARS-CoV-2 Testing

- At a minimum, test all symptomatic residents and healthcare personnel
- In response to a case in a facility, consider broadening testing to all residents and healthcare personnel (if supplies and capacity are available)
 - If testing capacity is not sufficient, consider unit-based testing or testing other high-risk residents (e.g., roommates of COVID-19 infected residents)
- Repeat testing may be warranted in certain circumstances
 - Facility- or unit-wide testing to detect additional residents with new infection
 - Evaluate testing in new admissions or residents who frequently leave facility for dialysis
- ***Testing only provides a brief snapshot; a single negative test may not be reliable***



Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > Healthcare Professionals > Infection Control > Nursing Homes & Long-Term Care Facilities



Coronavirus Disease 2019
(COVID-19)

Symptoms

Testing

Prevent Getting Sick

If You Are Sick

Daily Life & Coping

People Who Need Extra
Precautions

Pets & Other Animals

Travel

Frequently Asked Questions

Cases, Data, & Surveillance

Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes

Considerations for Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes

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Updated May 19, 2020

Related Pages

Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes

[Responding to Coronavirus](#)

Considerations for Memory Care Units in Long-term Care Facilities

[Testing for Coronavirus \(COVID-19\)](#)

Key Strategies for Long-term Care Facilities

[Infection Prevention and Control in Nursing Homes Preparing for COVID-19](#)

Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19)



Coronavirus Disease 2019
(COVID-19)

Symptoms

Testing

Testing for COVID-19

Test for Current Infection

Test for Past Infection

Prevent Getting Sick

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Pets & Other Animals

Travel

Frequently Asked Questions

Testing

[Other Languages](#) [Print Page](#)



Testing

Two kinds of tests are available for COVID-19: tests for current infection (viral tests) and tests for past infection (antibody tests). [Learn more](#)

[Testing for COVID-19](#)

[Test for Current Infection](#)

[Testing FAQs](#)

[Test for Past Infection](#)

[Self-Checker](#)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html>
<https://www.cdc.gov/coronavirus/2019-ncov/testing/index.html>

Examples of Resident Cohorts



**COVID
unknown**



COVID exposed:
close contacts,
readmissions/admissions, &
dialysis residents

**COVID
suspected**



**COVID
confirmed**



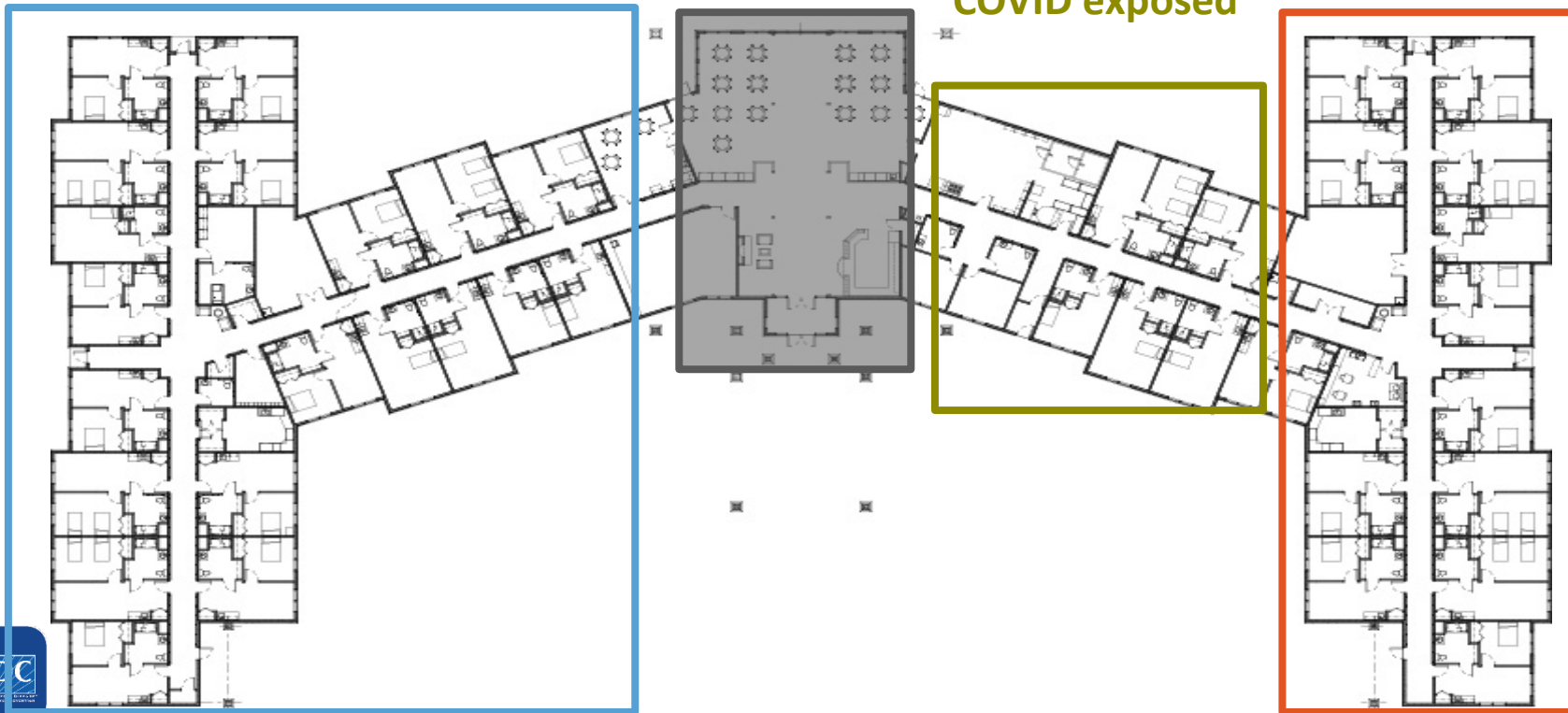
Using Facility Layout for Cohorting

Asymptomatic, COVID
negative (presumed)

Common Areas
Closed

COVID exposed

COVID
positive



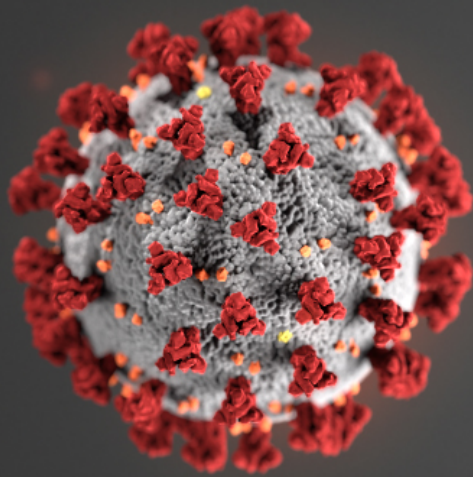
Creating a Designated COVID unit



Summary/Discussion

- Understand the optimal uses for COVID-19 testing
 - Viral detection by PCR- or antigen-testing used to diagnose active infection
 - Serology used to evaluate previous infection
- Aggressive testing at the beginning of a COVID exposure can identify unrecognized infection in residents and HCP and determine if spread has been disrupted
 - Symptom-based testing may miss infected individuals
 - An initial COVID exposure can lead to infection up to 14 days later
 - A single negative test may not rule out COVID infection during the exposure window
- Plan IPC actions such as resident cohorting and HCP furlough/return to work decisions prior to deploying large-scale testing in a nursing home





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

Thank you!

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Questions?



Upcoming Events

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June 11th, 2020

MAC Learning Series – Part 4: Chronic
Kidney Disease Prevention Services
2pm-3pm CDT

[Registration Link](#)



June 18th, 2020

COVID-19 in LTC: Guest Speaker Alice
Bonner
2pm-3pm CDT

[Registration Link](#)



Post Acute Care-Collaborative Office
Hours – Find your state!

June 10th, 2020

Iowa 2pm-3pm CDT

Oklahoma – 11am-12pm CDT

June 11th, 2020

Colorado 11am-12pm CDT

Illinois 1pm -2pm CDT



Check out the Telligen QI Connect event page: <https://www.telligenqinqio.com/events/>



Thank You!

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Telligen Nursing Home Team

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