



COVID-19 Chicago Long Term Care Roundtable

03-17-2022



Agenda

- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Project First Line Learning Needs Assessment
- Questions & Answers

Chicago Dashboard

Data are updated M-F at 5:30 p.m., except for City holidays

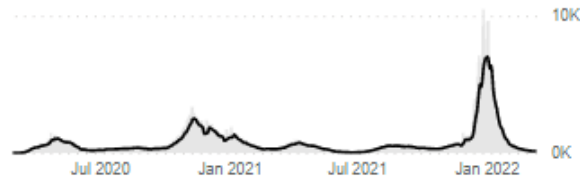


CHICAGO | COVID-19 Summary Data current as of Mar 16, 2022.
Data are updated M-F at 5:30 p.m., except for City holidays.
All data are provisional and subject to change.

SUMMARY | CASES | CASES BY ZIP | TESTS | VACCINES | VACCINES BY ZIP Learn how to use this dashboard.

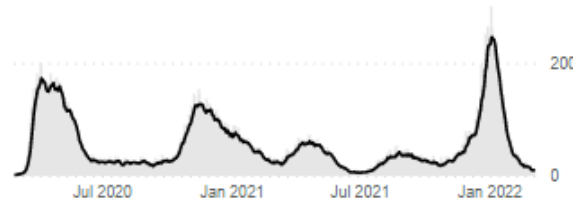
CASES

134 ▼ 142 (-5%) 560,515 5.0
Current daily avg Prior week Cumulative Daily rate per 100,000



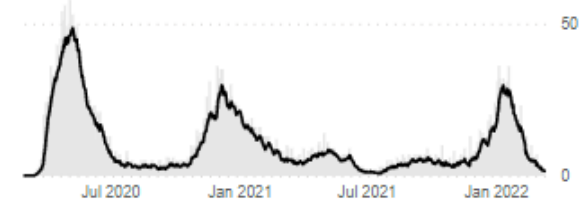
HOSPITALIZATIONS

10 ▼ 16 (-36%) 41,431 0.4
Current daily avg Prior week Cumulative Daily rate per 100,000



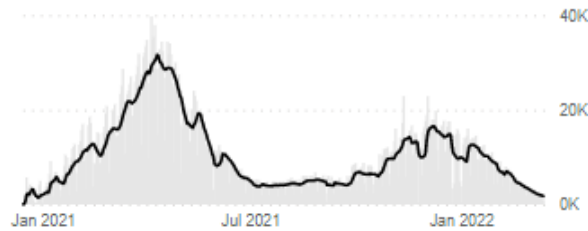
DEATHS

1.57 ▼ 2.71 (-42%) 7,605 0.1
Current daily avg Prior week Cumulative Daily rate per 100,000



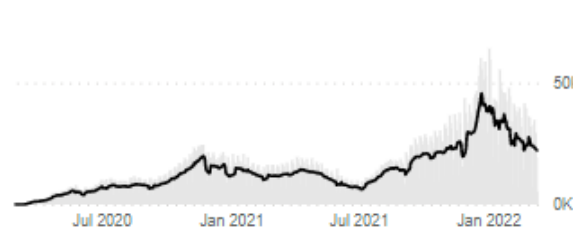
VACCINATIONS ADMINISTERED

1,751 ▼ 4,694,933 69.7% 77.0%
Current daily avg Cumulative Completed series At least one dose



TESTS PERFORMED

22,283 ▼ 24,205 (-8%) 10,360,363
Current daily avg Prior week Cumulative



POSITIVITY RATE

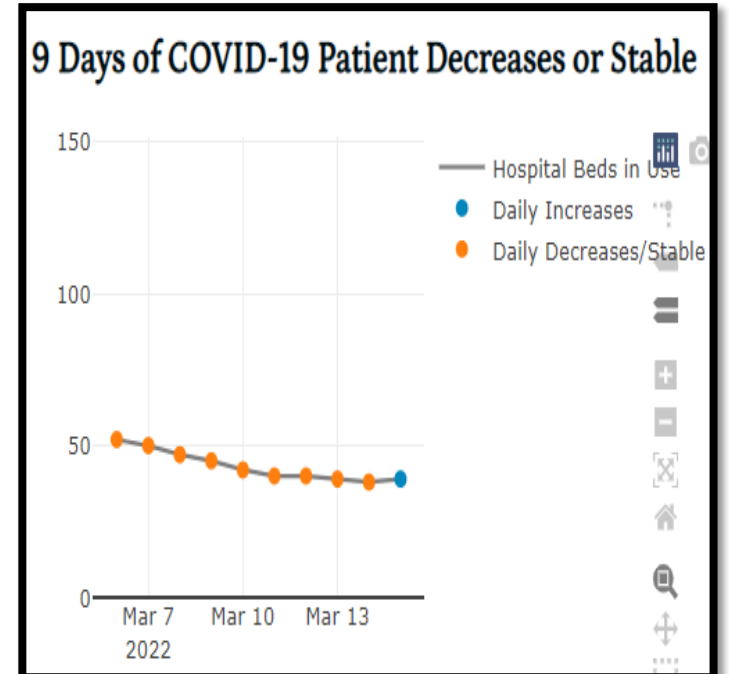
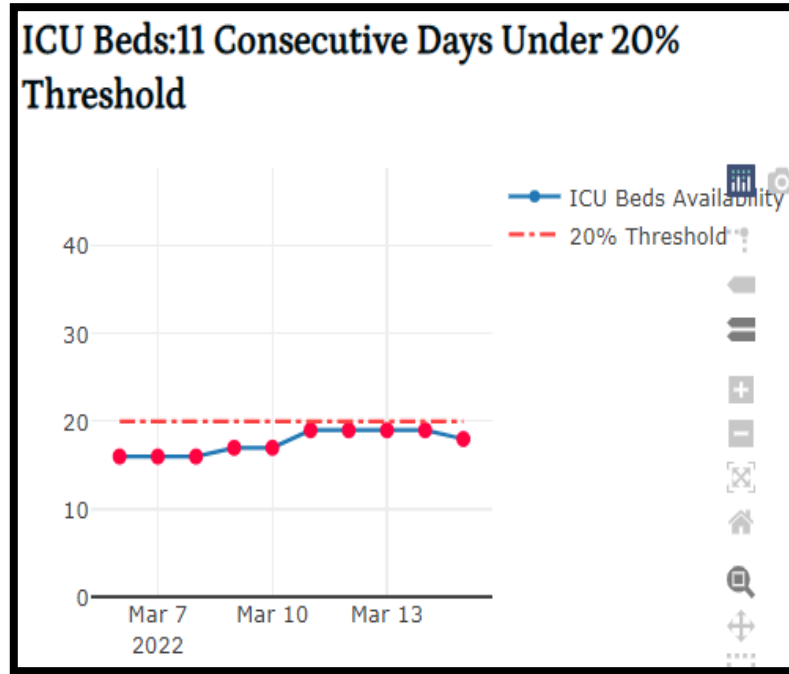
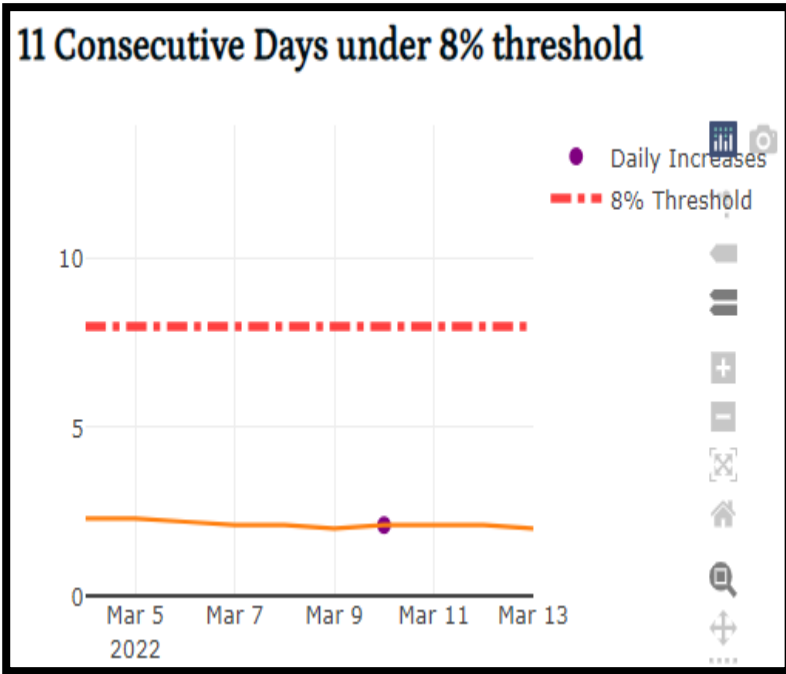
0.7% ▼ 0.7%
Current daily avg Prior week



built by **slalom**

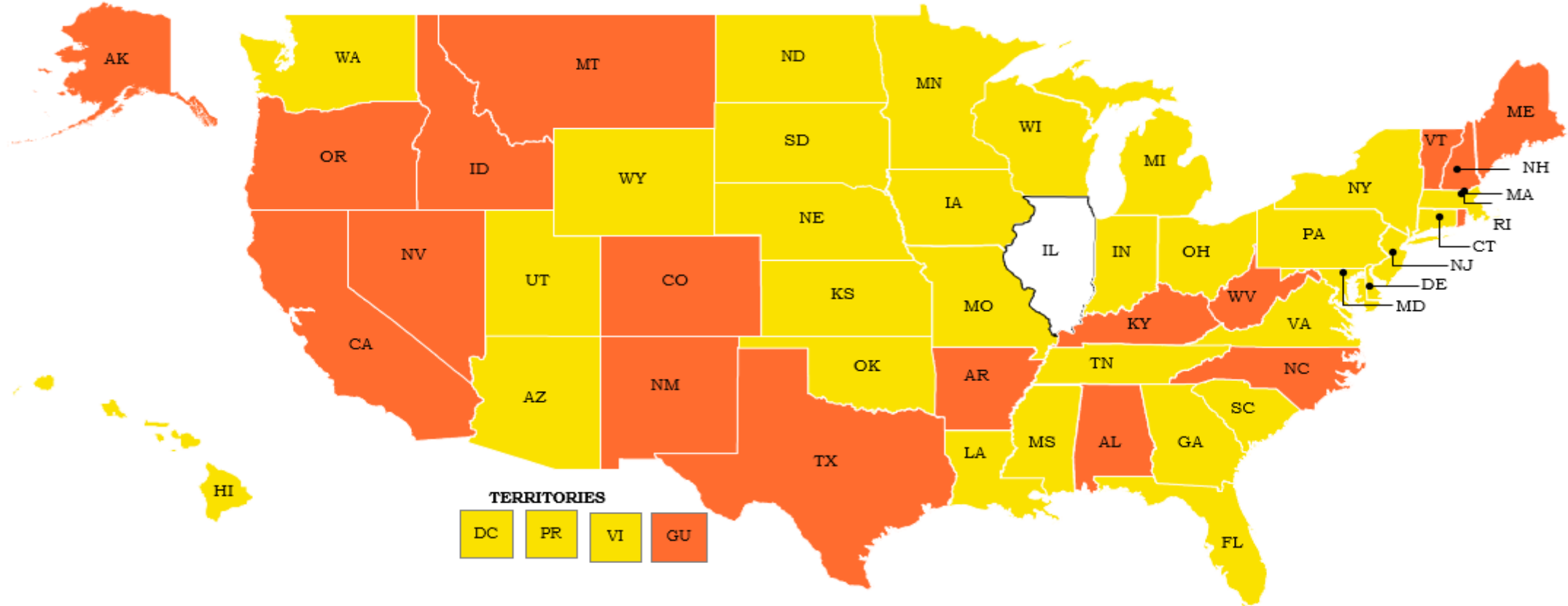


IDPH Regional Resurgence Metrics: Region 11





Chicago's COVID-19 Travel Advisory: 18 States and 1 territory

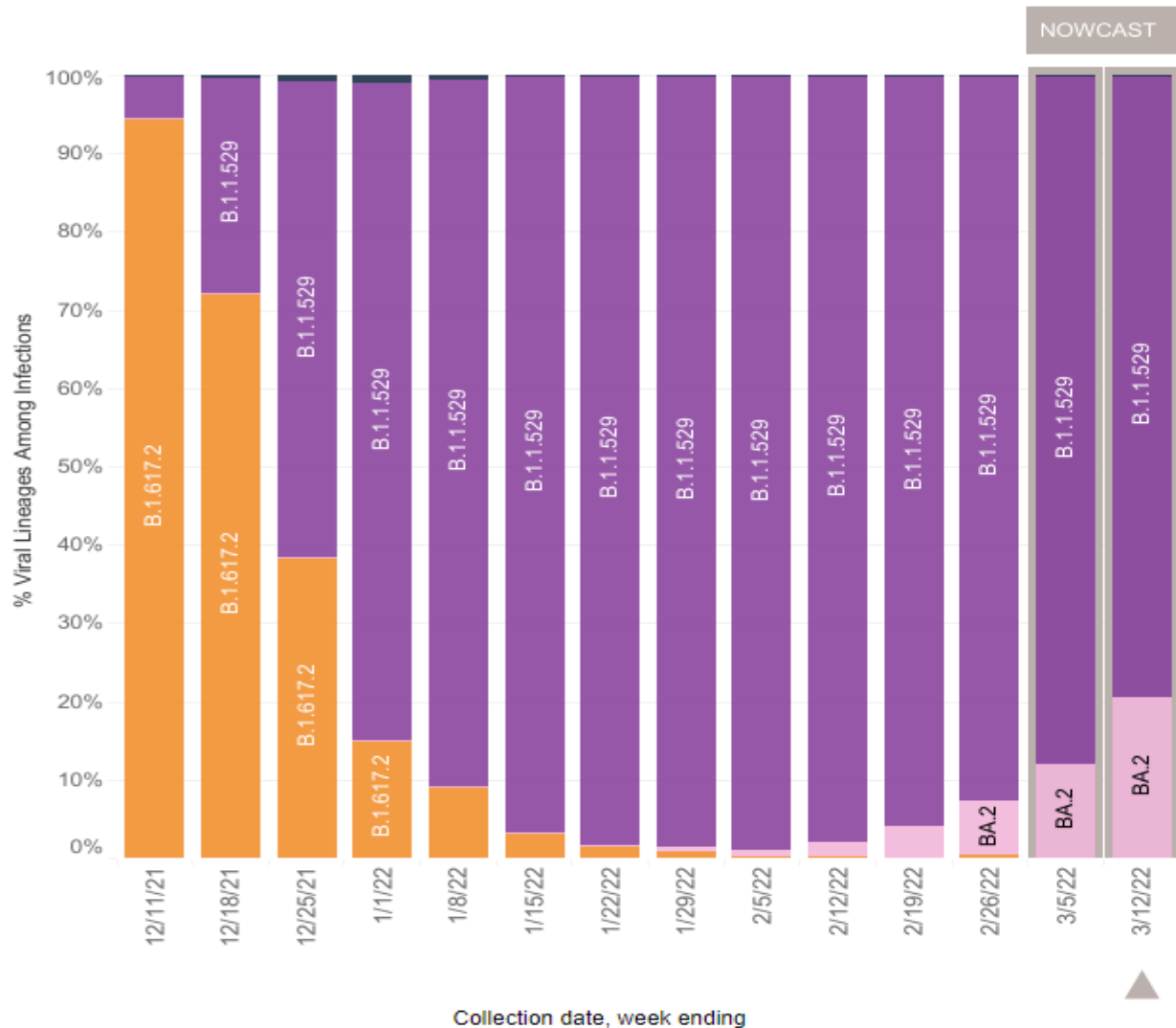


■ ≥ 15 daily cases per 100k ■ Less than 15 daily cases per 100k

<https://www.chicago.gov/city/en/sites/covid-19/home/emergency-travel-order.html>

HHS Region 5: 12/5/2021 – 3/12/2022

HHS Region 5: 3/6/2022 – 3/12/2022 NOWCAST



Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	79.5%	74.5-83.8%
	BA.2	VOC	20.5%	16.2-25.5%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

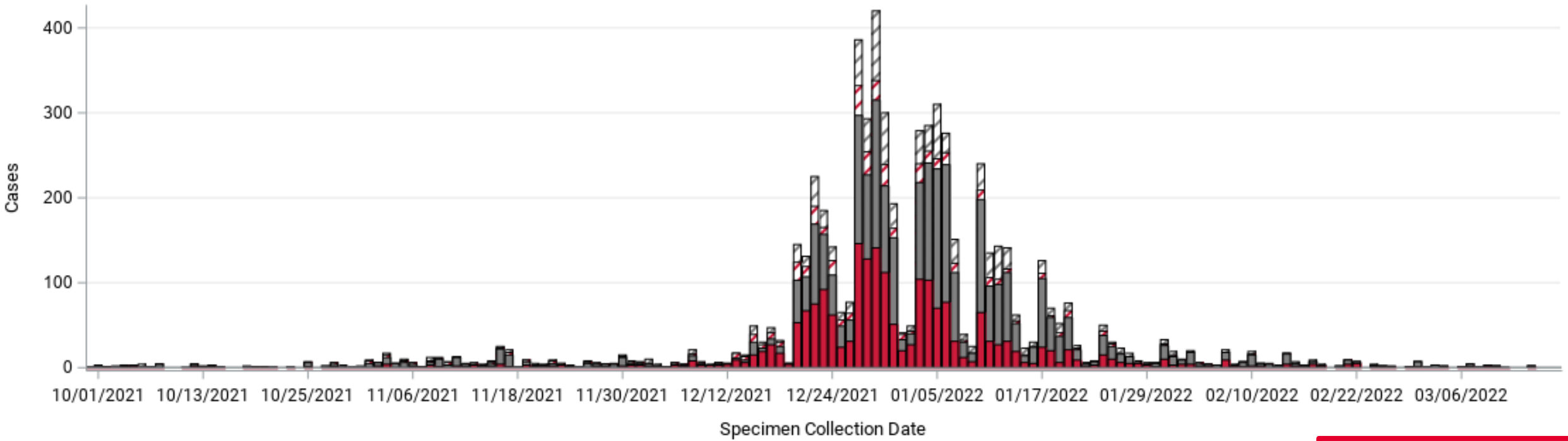
* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1 and BA.3 are aggregated with B.1.1.529. For regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each region.

Continued large decline in active outbreaks in Skilled Nursing Facilities

(Oct. 1, 2021 – Mar. 16, 2022)



Not Fully Vaccinated Resident Not Fully Vaccinated Staff Fully Vaccinated Resident Fully Vaccinated Staff

Data Sources: INEDSS (Illinois state) and REDCap (facility self report)
A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination
Fully vaccinated cases may be underestimated due to delayed reporting

26 (33%) SNFs have active outbreaks

★ Reminder: CDC COVID Data Tracker

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

CDC COVID Data Tracker: Cook County

Data through Tue Mar 15 2022

Total Cases	4045
Case Rate (last 7 days)	78.54
% Change (last 7 days)	34.88

Total Deaths	54
Death Rate (last 7 days)	1.05
% Change (last 7 days)	-12.9

Data through Sun Mar 13 2022

% Positivity	0.8
% Change (last 7 days)	-0.05

Data through Wed Mar 09 2022

Tests Performed	268729
Test Rate (last 7 days)	5260.65
% Change (last 7 days)	-11.01



Minimum Routine **Staff** Testing Frequency

Vaccination Status	Testing Frequency
Unvaccinated	2x a week*
Partially Vaccinated	2x a week*
Vaccinated but not up to date**	2x a week*
Up to date	No required routine testing

Based on Executive Order and related Emergency Rules

* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

** An individual has not received all COVID-19 vaccinations for which they are eligible, as outlined under “up to date”



FAQ: We have a prn staff who is not up to date on her vaccination series, but she only works once in a while. Do we need to test her twice a week?

No. As per CDC, “if HCP work infrequently at these facilities, they should ideally be tested within the 3 days before their shift (including the day of their shift).”

New: Minimum Routine **Resident** Testing Frequency

Vaccination Status	Routine Testing Frequency
Unvaccinated*	No required routine testing**
Partially vaccinated*	No required routine testing**
Vaccinated but not up to date*	No required routine testing**
Up to date*	No required routine testing**
New and readmissions, regardless of vaccination status	Must be tested upon admission (unless tested within the 72 hours prior to admission) <u>and</u> at 5-7 days post-admission

*Excluding new/readmissions



**Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

★ Reminder: COVID-Vaccination Schedule for People who are Moderately or Severely Immunocompromised

Vaccine	Vaccination Schedule			
Pfizer-BioNTech (ages 5 years and older)	1st dose	2nd dose (21 days after 1 st dose)	3rd dose (at least 28 days after 2 nd dose)	Booster dose* (at least 3 months after 3 rd dose)
Moderna (ages 18 years and older)	1st dose	2nd dose (28 days after 1 st dose)	3rd dose (at least 28 days after 2 nd dose)	Booster dose* (at least 3 months after 3 rd dose)
Janssen (ages 18 years and older)	1st dose	Additional dose† (at least 28 days after 1 st dose)		Booster dose* (at least 2 months after additional dose)

*Any COVID-19 vaccine can be used for the booster dose in people ages 18 years and older, though mRNA vaccines are preferred. For people ages 12–17 years, only Pfizer-BioNTech can be used. People ages 5–11 years should not receive a booster dose.

†Only Pfizer-BioNTech or Moderna COVID-19 Vaccine should be used



Update: I-CARE Access

- As per IDPH, facilities can now request read-only access to I-CARE, the state vaccination registry.
- By using I-CARE, you can view resident vaccination records.
 - Note that you **cannot** look up staff member vaccination records nor the vaccination records of your friends or family members.
- To register for I-CARE access, please follow the instructions listed at <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/i-care-access-enrollment-packet.pdf>

★ Example of an I-CARE Record

<u>COVID-19</u>	<input type="checkbox"/>	<u>1: Moderna COVID-19 Vaccine</u>	026L20A	01/11/2021	✓ Valid	OAK ST HEALTH LINCOLN CROSSING
	<input type="checkbox"/>	<u>2: Moderna COVID-19 Vaccine</u>	026L20A	02/08/2021	✓ Valid	OAK ST HEALTH LINCOLN CROSSING
	<input type="checkbox"/>	<u>3: Moderna COVID-19 Vaccine</u>	07021985	11/10/2021	✓ Valid	WALGREEN CO STORE 15305

FYI: Updated Quality, Safety, and Oversight (QSO) Memoranda on Testing & Visitation

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

DATE: August 26, 2020
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements

Ref: QSO-20-38-NH
REVISED 03/10/2022

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Updated QSO on Testing

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-38-NH
REVISED 03/10/2022

DATE: August 26, 2020

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: **Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements**

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On August 25, 2020, CMS published an interim final rule with comment period (IFC). This rule establishes **Long-Term Care (LTC) Facility Testing Requirements for Staff and Residents**. Specifically, facilities are required to test residents and staff, including individuals providing services under arrangement and volunteers, for COVID-19 based on parameters set forth by the HHS Secretary. This memorandum provides guidance for facilities to meet the new requirements.
- *Replaced the term "vaccinated" with "Up-to-date with all recommended COVID-19 vaccine doses" and deleted the term "unvaccinated."*
- *Updated the recommendations for testing individuals within 90 days after recovering from COVID-19.*

Testing QSO Updates

- “In general, testing is not necessary for **asymptomatic** people who have recovered from SARS-CoV-2 infection in the prior 90 days”
 - If testing *is* performed on people who had COVID <90 days ago, a rapid antigen test is preferred over a PCR test as a PCR may remain positive even though the individual is no longer infectious



Important Note Regarding the Testing QSO

- Skilled nursing facilities in Illinois must test staff who are not up to date on their COVID-19 vaccinations at the frequency outlined in the Executive Order and associated Emergency Rules as opposed to the frequency outlined in QSO-20-39
- Even when Cook County gets to moderate or low transmission, you still need to test staff who are not up to date twice a week

★ Updated QSO on Visitation

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH

REVISED 03/10/2022

DATE: September 17, 2020

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Nursing Home Visitation - COVID-19 (*REVISED*)

Memorandum Summary


- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE, including the impact of COVID-19 vaccination.
- **Visitation is allowed for all residents at all times.**
- *Replaced the term "vaccinated" with "up-to-date with all recommended COVID-19 vaccine doses" and deleted "unvaccinated."*
- *Updated visitor screening and quarantine criteria.*

Summary of Visitation QSO Updates

- Visitors who have a positive test, COVID-like symptoms, or currently meet the criteria for quarantine should not enter the facility until they meet the same criteria for residents to discontinue transmission-based precautions (currently 10 days for isolation or 14 days for quarantine)
- If a resident's roommate is not up-to-date on COVID vaccinations or immunocompromised, the visit should not take place in the room
- Outdoor visits are preferred if residents or visitors are not up-to-date on their COVID-19 vaccinations
- Visitors should wear masks and physically distance when around other residents or HCPs, regardless of vaccination status


★ Summary of Visitation QSO Updates

- “Facilities must permit residents to leave the facility as they choose.”
- If there is “possible close contact to an individual with COVID-19 while outside of the nursing home, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident is not up-to-date with all recommended COVID-19 doses.”
 - Logical extension of this is that residents who are not up-to-date and have high-risk exposures while *inside* the facility should also quarantine



FAQ: I have a resident who is not up-to-date with their COVID vaccinations but had COVID a month ago. They had a high-risk exposure to another resident who is currently COVID positive. Do I need to put them in quarantine?

- No. Asymptomatic residents who had COVID-19 in the last 90 days do not need to be quarantined or restricted to their room following a high-risk exposure.
- Testing following a high-risk exposure is not indicated for asymptomatic residents who have had COVID within the prior 90 days



FAQ: I have a resident who is up-to-date with their COVID vaccinations but had a high-risk exposure with a staff member who is COVID positive. Do I need to put them in quarantine?

- No. Asymptomatic residents who are up-to-date on their COVID vaccinations do not need to quarantine following a high-risk exposure.
- However, these residents should be tested "immediately" (but no sooner than 24 hours) and 5-7 days after the exposure and should wear a mask for 14 days following the exposure



Project Firstline: CDC's National Training Collaborative for Healthcare Infection Prevention & Control

★ Project Firstline

- We are proud to be a part of Project Firstline, a CDC-led infection control training collaborative
- Created for the millions of frontline US healthcare workers who care for us every day
- Offers educational materials in a variety of formats
 - Short videos, training sessions, podcasts, social media, print materials, etc.
- Empowers healthcare workers with the knowledge they need to slow or stop the spread of infectious diseases



★ Learning Needs Assessment

Assessment

- Launched a survey to identify priority infection prevention and control training needs among frontline healthcare workers
- 49 question survey; 410 complete responses (408 English, 2 Spanish)

Survey Distribution

- Distributed to 425 people across 253 organizations in Chicago
 - ESRD, FQHC, HHA, Hospice, Acute care hospital, LTCF, SNF, Urgent Care, EMS, healthcare partners and professional organizations, etc.
- Target audience: all frontline healthcare workers
 - Physicians, PA, healthcare technicians, RNs, CNAs, EVS, Pharmacists, EMTs, social services, non-clinical support staff, healthcare administrators, dietary workers, patient transport, any role that supports patient care

Survey topics:

- Background (e.g. professional role, type of workplace, etc.)
- Preferred training types (e.g. online, in-person, interactive, etc.)
- Infection Control Training Needs
 - Have you received infection control training?
 - How confident are you in your IPC practices?
 - What IPC topics would you like to learn more about?





LNA Results Summary

Responses

- 410 complete responses over 7 weeks (winter 2021)
- Primary professional roles: RNs, healthcare administrators, and non-clinical support staff
- Primary healthcare settings: acute care hospitals, outpatient facilities, and nursing homes


Low Confidence Topics

- Respondents were the least confident in effectively implementing IPC recommendations for:
 - Environmental cleaning practices
 - COVID-19 IPC recommendations
 - Source control recommendations

IPC Topics of Interest

- Main topics of interest for additional training:
 - Outbreak management response and control measures
 - COVID-19 recommendations
 - Environmental cleaning practices

Preferred Training Format

- Respondents were interested in virtual, interactive, computer-based learning
- 



Role Type

- Top respondent roles:
 - Registered nurse
 - Healthcare administrator
 - Non-clinical support staff

Table B: Summary of Professional Roles

Professional Role	#	%
Registered nurse (RN)	137	33.41%
Healthcare administrator	61	14.88%
Non-clinical support staff	48	11.71%
Infection preventionist	22	5.37%
Physician	21	5.12%
Certified nursing assistant (CNA)	14	3.41%
Social services	13	3.17%
Other	12	2.93%
Nurse practitioner	10	2.44%
Physical therapist	9	2.20%
Healthcare technician	8	1.95%
Mental health professional	8	1.95%
Licensed practical nurse (LPN)	8	1.95%
Dietitian	6	1.46%
Emergency medical technician/paramedic	5	1.22%
Physician assistant	5	1.22%
Medical assistant	5	1.22%
Environmental services/housekeeping	4	0.98%
Speech pathologist	3	0.73%
Health educator/in-service coordinator	3	0.73%
Respiratory therapist	2	0.49%
Pharmacist	2	0.49%
Occupational therapist	2	0.49%
Dentist	1	0.24%
Laboratorian	1	0.24%
Total	410	100.00%

Table C: Summary of Facility Types

Facility Type	#	%
Acute care hospital	172	41.95%
Nursing home	72	17.56%
Outpatient facility	46	11.22%
Dialysis center	36	8.78%
Home health	27	6.59%
Other	18	4.39%
Assisted living facility	12	2.93%
Mental/behavioral health facility	8	1.95%
Long-term acute care hospital	6	1.46%
Critical access hospital	6	1.46%
Pre-hospital EMS	2	0.49%
Hospice	2	0.49%
Territory/freely associated state health department	1	0.24%
Other long-term care facility	1	0.24%
Pharmacy	1	0.24%
Total	410	100.00%

★ Facility Type

- Top facility types:
 - Acute Care Hospitals
 - Nursing home (SNF and LTCF)
 - Outpatient facilities



Topics of Interest

- Most respondent interest/need for additional training on:
 - Outbreak management
 - COVID-19
 - EVS

Table K: Respondent Need for Additional IPC Training by Topic

Topic	#	%
Outbreak Management	213	13.24%
COVID-19	167	10.38%
Sanitizing, disinfecting, and sterilizing	146	9.07%
Device-associated infections	139	8.64%
Environmental Cleaning	135	8.39%
Antibiotic Stewardship	129	8.02%
Source control	125	7.77%
Standard and transmission-based precautions	116	7.21%
Respiratory protection	104	6.46%
Screening	90	5.59%
Personal protective equipment (PPE)	79	4.91%
Injection safety	73	4.54%
Hand hygiene	60	3.73%
Other	33	2.05%
Total	1609	100.00%



★ IPC Areas of Least Confidence

- Respondents were the least confident in the following IPC topics:
 - EVS recommendations
 - COVID-19 recommendations
 - Source Control

Table D: Percentage of Respondents Indicating Overall Lack of Confidence in a Specific IPC Topic Area

IPC Topic Area	#	%
Environmental Cleaning	186	11.34%
COVID-19	135	8.23%
Source Control	81	6.59%
Triage and Screening	64	5.20%
Personal Protective Equipment	80	4.89%
Hand Hygiene	28	2.28%

Thank You!



[Chicago.gov/Health](https://www.chicago.gov/Health)



HealthyChicago@cityofchicago.org



[@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)



[@ChiPublicHealth](https://twitter.com/ChiPublicHealth)



Questions & Answers

A special thanks to:

CDPH HAI Team:

Dr. Stephanie Black

Shannon Xydis

Hira Adil

Liz Shane

Winter Viverette

Kimberly Goitia

Alison VanDine

Valbona Cela

Kelly Walblay

Dan Galanto

Shane Zelencik

Christy Zelinski

**For additional resources and upcoming events,
please visit the CDPH LTCF HAN page at:**

<https://www.chicagohan.org/covid-19/LTCF>