



COVID-19 Chicago Long Term Care Roundtable

06-22-2023



Agenda

- Behavioral Health Crises during Nursing Home Pandemics and Disasters
 - **Speaker:** *Dr. Paul Aravich, Eastern Virginia Medical School*
- COVID-19 Epidemiology & Updates
- TBP and Room Placement for XDROs in SNFs
- Special Announcements
- Questions & Answers

Behavioral health crises during nursing home pandemics and disasters



*Funding: PI. CDC LTCF
Strike Team/Virginia
Dept. Health grant.*

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Eastern Virginia Medical School
Norfolk, VA aravicpf@evms.edu

Chicago LTC Roundtable

COVID-19 Preparedness and Response
June 22, 2023, virtually

American Nursing Home Crisis

- 2022 National Academies'

 - <https://nap.nationalacademies.org/catalog/26526/the-national-imperative-to-improve-nursing-home-quality-honoring-our>

 - “ineffective, inefficient, fragmented, and unsustainable”
 - Sounded the alarm for: “immediate attention”

- Crisis Predates COVID-19

- National Academies' goals, e.g.

 - Person-Centered Care, including behavioral-health
 - Workforce Staffing
 - Emergency Planning, Care, Responding
 - All Goals of “EVMS Compassionate Crisis Care”



Behavioral disorders: A defining feature of NHs

- 95% of all residents have one of the following:
 - 49%: Dementia (2023 Alzheimer's Disease Facts/Figures)
 - 25% Mental Illness excluding the dementias (Rahman & Anjum, 2013)
 - 21% Mild cognitive impairment (Chen et al., Transl Psychiatry 2023)
- Does not count behavioral complications of, e.g.:
 - Stroke
 - Traumatic brain injury and
 - Intellectual/developmental disabilities.
- Each a Risk factor for challenging behaviors
- Challenging Behaviors: Enormous Suffering & Staff burnout



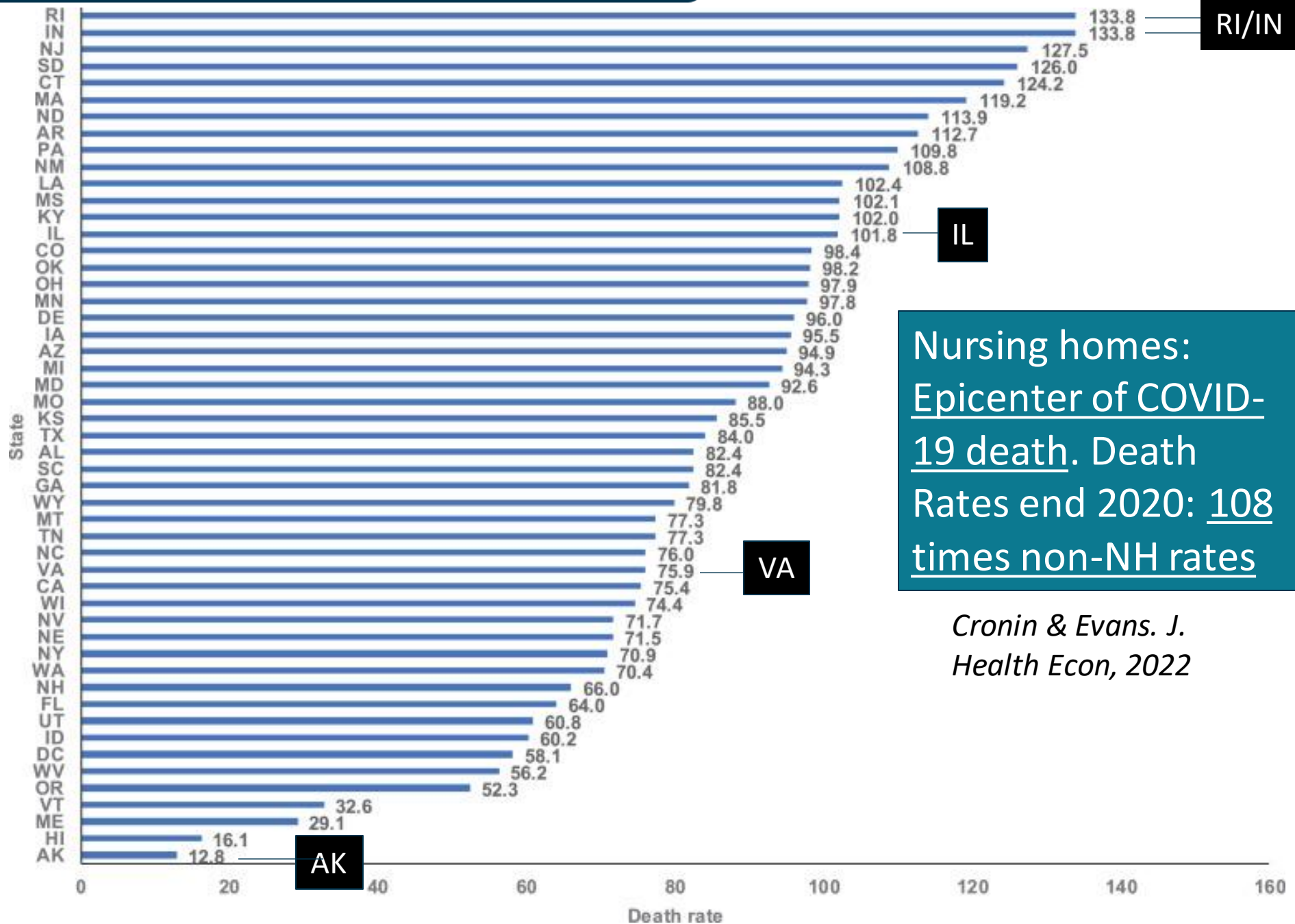
Nursing-Home Antipsychotic Use: Crisis

- CMS: ↓ Antipsychotics for challenging behaviors. Instead
- ↑ Non-Pharmacologic approaches, e.g.,
 - ↑ Person-Centered Care
<https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/national-partnership-to-improve-dementia-care-in-nursing-homes>
 - Argued: Better outcome than Rx (Watt et al., Ann Intern Med 2019)
- COVID-19:
 - Related to: ↑ Antipsychotic Nursing-Home Use
 - Worse in: ↓ Certified Nursing Assistant (CNA) staffing
High minority population facilities

e.g., Yan et al. Am J Geriatr Psychiatry. 2023

Challenging Behaviors: 3 rules

- 1st Choice: Behavioral management/Person-Centered Care
 - Last resort: Pharmacological restraints
- Different pathophysiologies needing specialized Rx care e.g.
 - Neurobehavioral Complications TBI vs. Behav. Psychol. Sx Dementia
- Similar responses to behavioral management techniques
 - Crisis intervention techniques. Positive behavioral controls
 - Behavioral mapping for triggers



Nursing homes:
 Epicenter of COVID-
 19 death. Death
 Rates end 2020: 108
 times non-NH rates

*Cronin & Evans. J.
 Health Econ, 2022*

COVID-19 NH Death rate (per 1000) end of 2020 as a function of State. Fig A3. *Cronin/Evans*

Perspectives from Va. Governor's COVID-19 LTCF Task Force

- Most discussion: Rightfully, Infection Prevention/Controls
- Less: LTCF Behavioral health crisis
- Founded its crisis intervention workgroup
- Inspiration: LTC COVID-19 Evacuation, NJ Dept. Health *“Abducted by aliens?”*



NPR. DINA TEMPLE-RASTON.
THE TRAGEDY OF “ST. JOE’S”

<https://www.npr.org/2020/12/24/947120581/the-tragedy-of-st-joes>

Hence, developed “EVMS Compassionate Crisis Care”

- ↓ Pharmacological restraints during NH pandemics/disasters
- ↓ CNA burnout
- Produce freely available **YouTube Strike Team training videos**
 - 1st Video on CNAs. Google: EVMS Compassionate Crisis Care
- “High Touch. Low Tech”
- Aligns w/: “...cure sometimes...relieve often...comfort always.”

15th Century saying <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2784544/>



Person-Centered Care featured throughout



Specific Aims:

- **CNA mental well-being** to, e.g., ↓ burnout
 - “CNA Mental Wellness Ambassador Program,” w/ e.g.
 - “Mental Health First Aid” certification
 - Empowering training video
 - Various outcome/burnout measures, including turnover and abuse/neglect complaints
- **YouTube behavioral management training videos**
 - Targeted Groups: CNAs, National Guard, Medical Reserve Corps, Outside Pharmacists, Emergency Management
 - **Freely available**
 - With outcome measures

Compassionate Crisis Care: Partners

- **VPM Media Corporation, Richmond**
 - Provides NPR/PBS programming to a large area of Virginia
 - **Award-winning documentaries**
See, e.g., its PBS “Alzheimer’s Documentary Series”
<https://www.pbs.org/show/dementia-documentary-series/>
 - Team includes Nu Era Productions, professional script writer etc.
- **Standardized Patient Program @ Eastern Virginia Med Sch**
 - Internationally recognized healthcare-training program
 - “Actors” mimic pathologies and providers
- Final videos: Posted on an **Eastern Virginia Medical School YouTube Channel w/ resource links. Work is in progress**





VPM Videographers



EVMS Standardized Patients

CNA-training video. Scenario 1: Nasal Swab



Perspective of Resident
w/ Alzheimer's

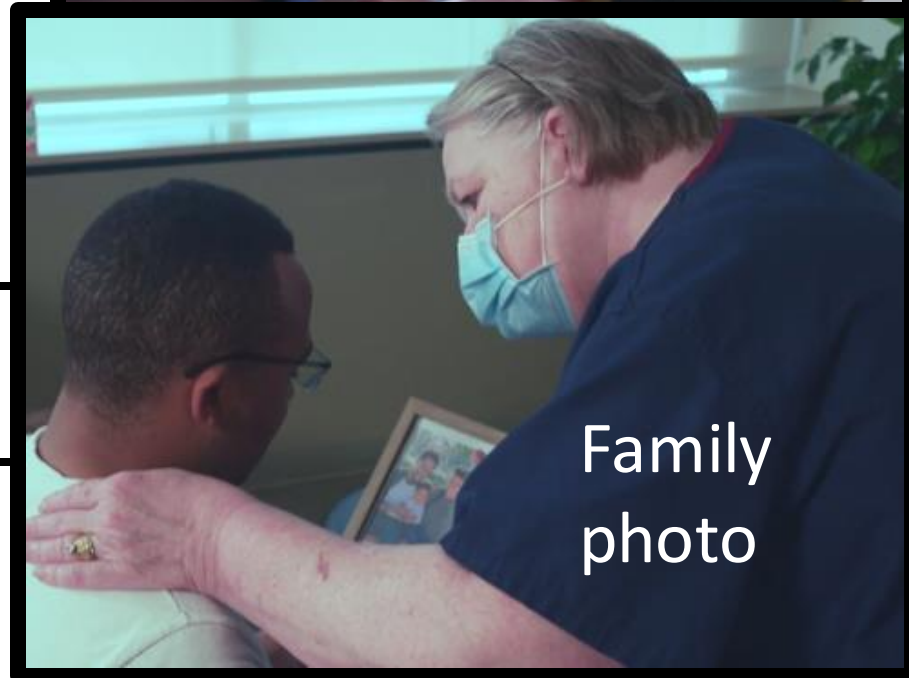
CNA using Patient-Centered Care
crisis intervention techniques

CNA-training video. Scenario 2: Moving resident w/ Alzheimer's b/c of flood



Diversion box/Activity box for Resident with Alzheimer's & Afraid of Storm

CNA-training video. Scenario 3: Acting out b/c Quarantine



Resident with Traumatic Brain Injury,
& violent behavior b/c misses Mom

Family
photo

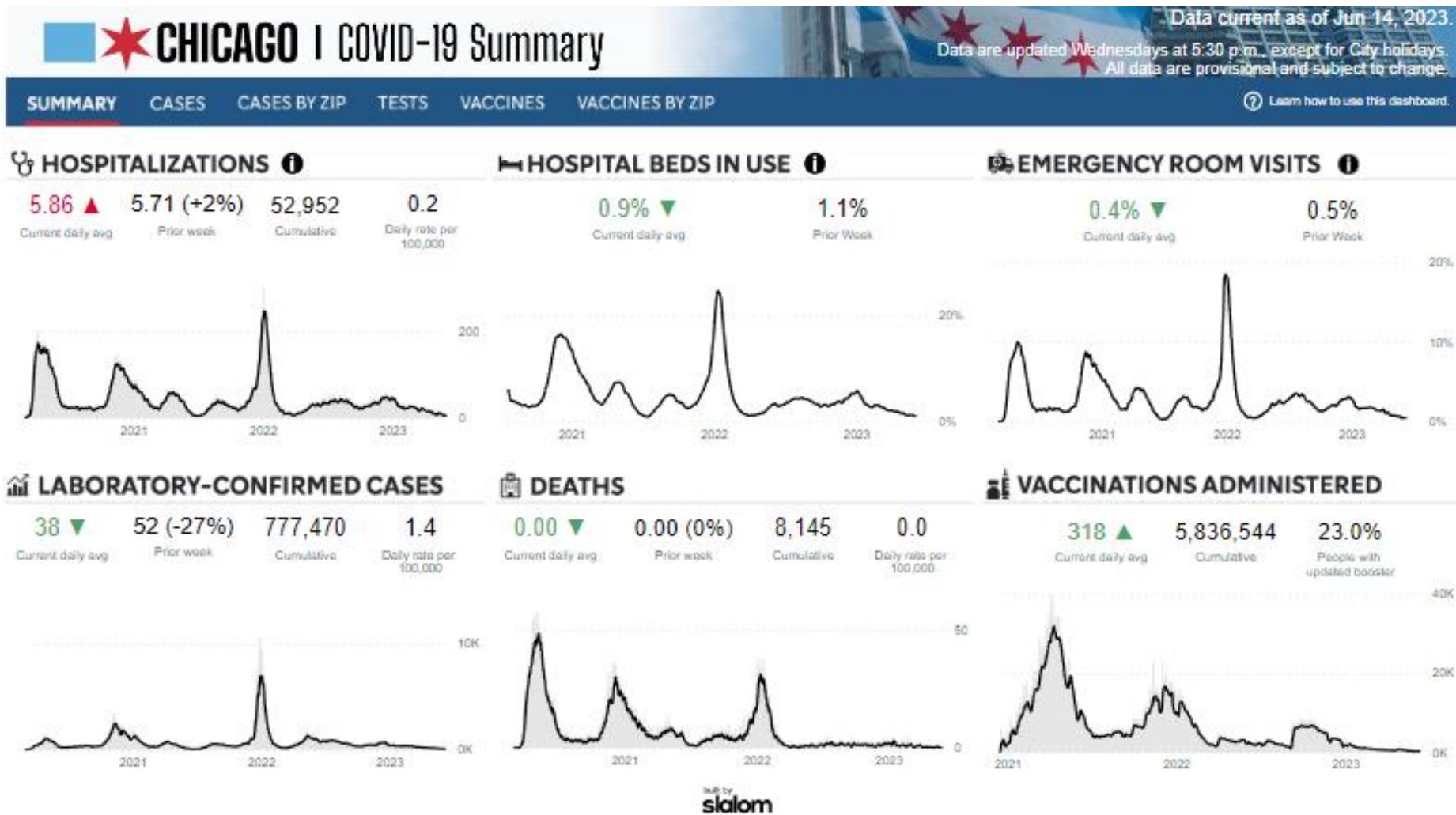


Conclusions

- Important: Infection/Prevention controls. Also
- Important: **Nursing home behavioral health crisis**
 - Under normal circumstances. And
 - During pandemics and disasters
- Need: **Strike Team training** on challenging behaviors
- Need: **CNA behavioral supports**
 - Administrators: Impower
 - Administrators: Readily available individualized behavioral plans
 - CNAs: “Ambassadors” to promote peer mental wellness
- Recommendations of **National Academies’ 2022 NH report**
- **Expand the CMS Nursing Home Toolkit:**
<https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-program/education/nursing-homes>
 - For more attention on NH behavioral health best practices

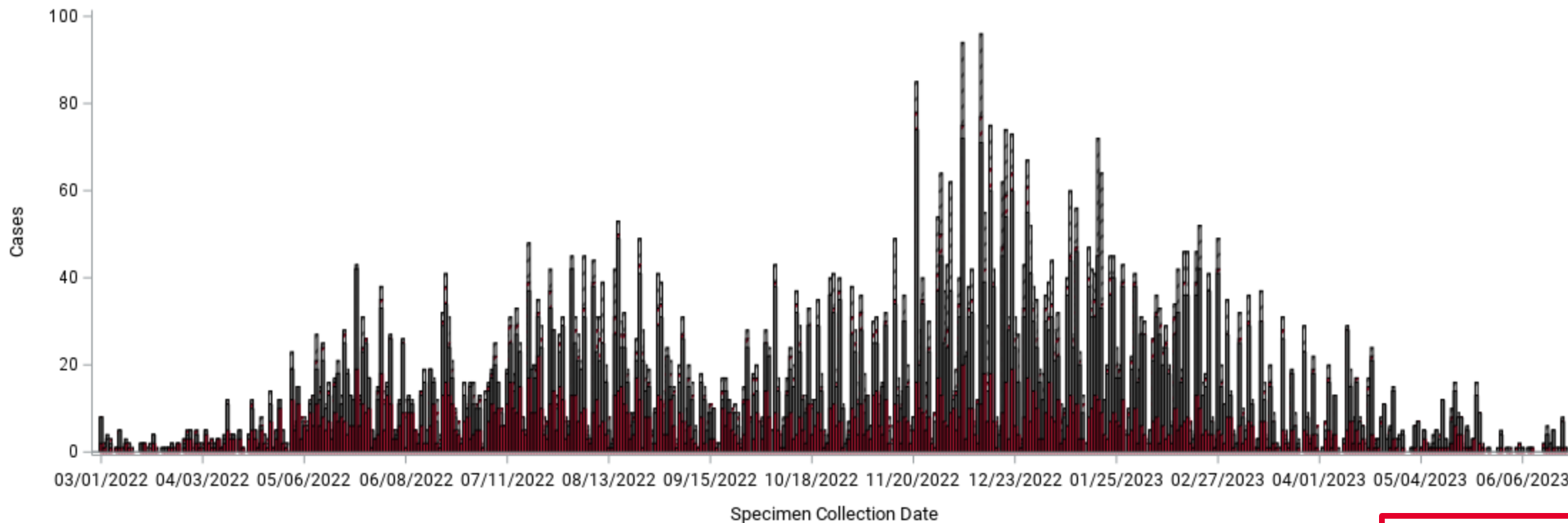


Chicago Dashboard



SNF COVID-19 Cases

(Mar. 1, 2022 – Jun. 21, 2023)



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

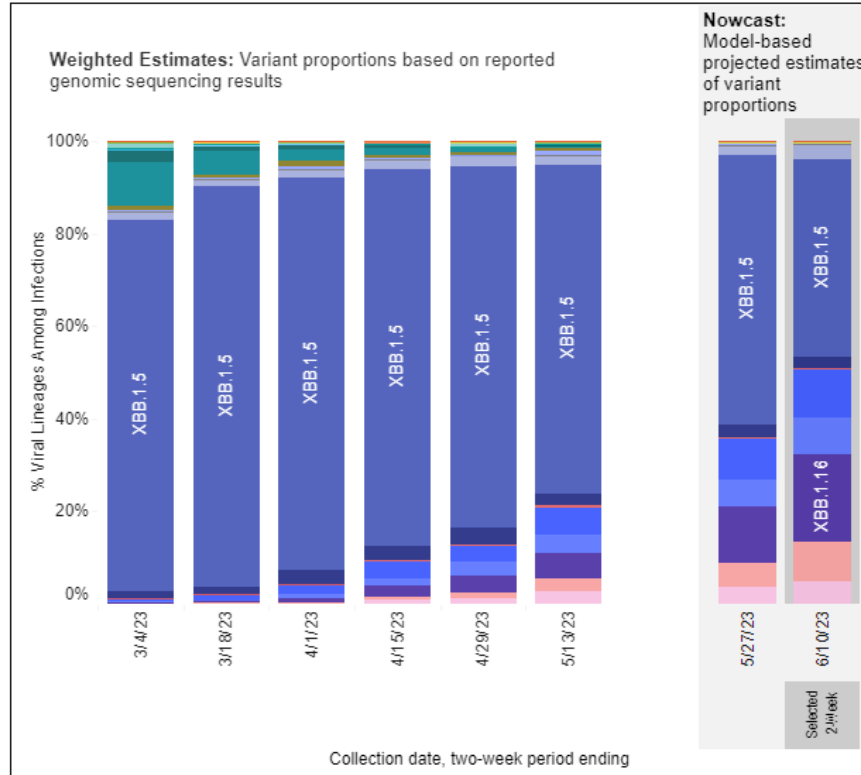
**4 (5%) SNFs
have active
outbreaks**

COVID-19 Variant Proportions



Weighted and Nowcast Estimates in HHS Region 5 for 2-Week Periods in 2/19/2023 – 6/10/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



Nowcast Estimates in HHS Region 5 for 5/28/2023 – 6/10/2023

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

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	XBB.1.5	VOC	42.8%	38.3-47.4%	
	XBB.1.16	VOC	18.8%	14.7-23.7%	
	XBB.1.9.1	VOC	10.5%	8.5-12.9%	
	XBB.1.16.1	VOC	8.5%	4.1-16.2%	
	XBB.1.9.2	VOC	8.0%	4.9-12.8%	
	XBB.2.3	VOC	5.0%	3.0-8.2%	
	XBB	VOC	3.4%	1.7-6.6%	
	XBB.1.5.1	VOC	2.3%	1.5-3.6%	
	XBB.1.5.10	VOC	0.2%	0.1-0.5%	
	CH.1.1	VOC	0.1%	0.1-0.2%	
	FD.2	VOC	0.1%	0.1-0.2%	
	BQ.1.1	VOC	0.0%	0.0-0.1%	
	BQ.1	VOC	0.0%	0.0-0.0%	
	BA.2	VOC	0.0%	0.0-0.0%	
	BA.5	VOC	0.0%	0.0-0.0%	
BA.2.75	VOC	0.0%	0.0-0.0%		
BN.1	VOC	0.0%	0.0-0.0%		
BF.7	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 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.

BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2, CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except the lineages shown and their sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1, XBB.1.5.10 and FD.2, sublineages of XBB.1.5 are aggregated to XBB.1.5. Except XBB.1.16.1, sublineages of XBB.1.16 are aggregated to XBB.1.16. For all the other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB.1.5.10 was aggregated to XBB.1.5. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, FD.2, XBB.1.9.1, XBB.1.9.2, XBB.1.16, XBB.1.16.1, XBB.2.3, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6, BQ.1.1 and XBB.1.5.10 contain the spike substitution R346T.



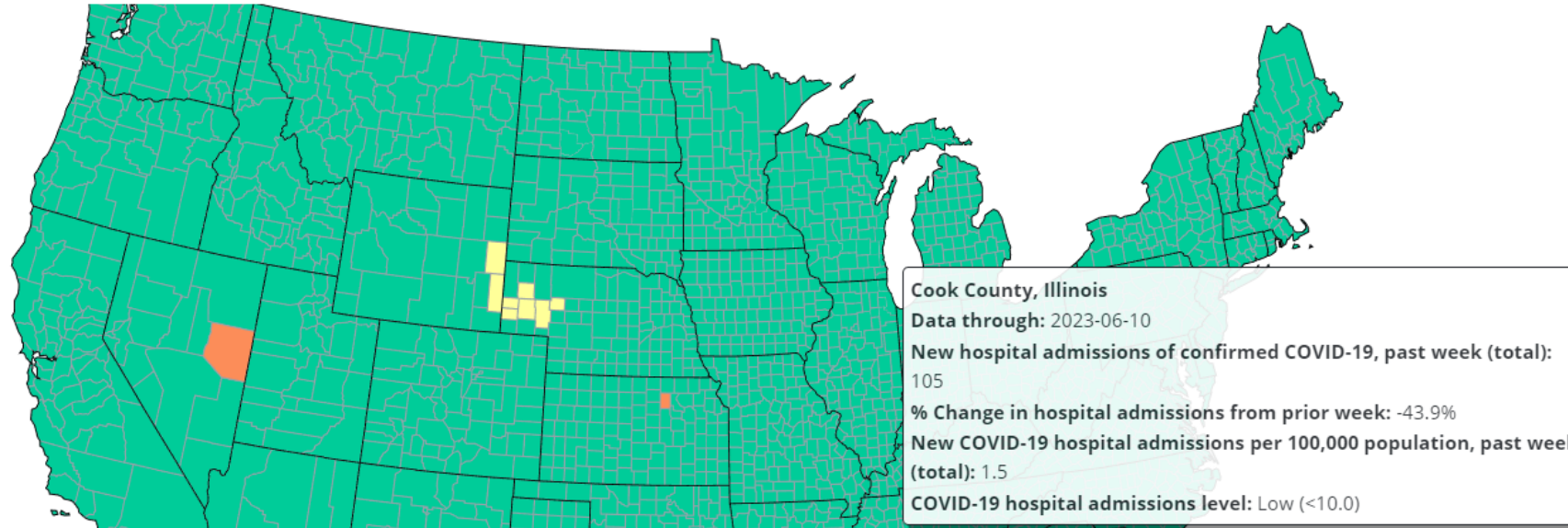
CDC COVID Data Tracker: Cook County

COVID-19 hospital admissions levels in U.S. by county
Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
≥ 20.0	7	0.22%	0.06%
10.0 - 19.9	11	0.34%	-0.47%
<10.0	3204	99.44%	0.4%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending June 10, 2023.

U.S. Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County



Source: https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county



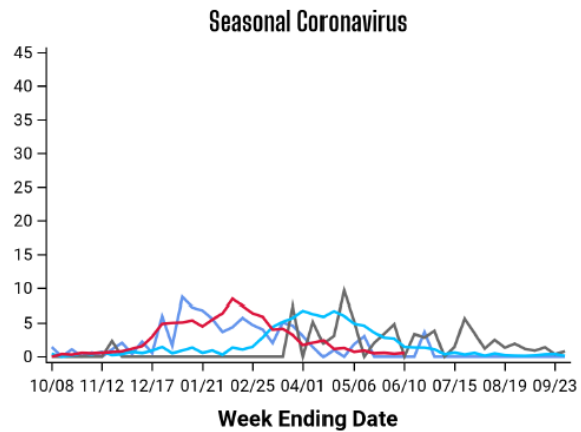
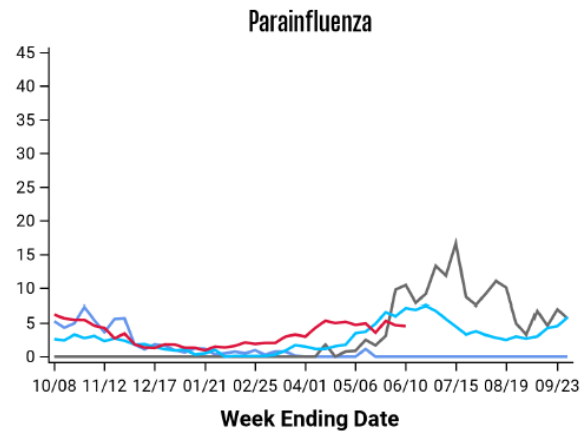
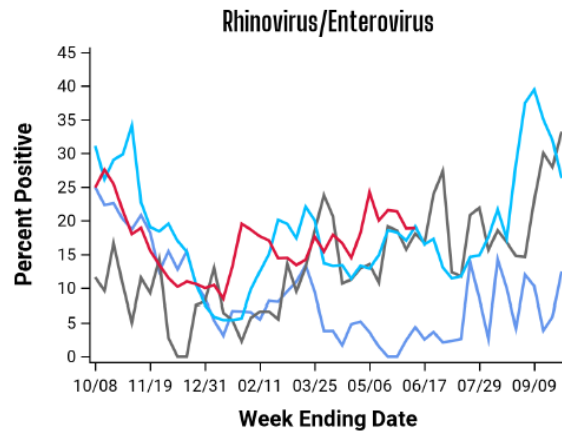
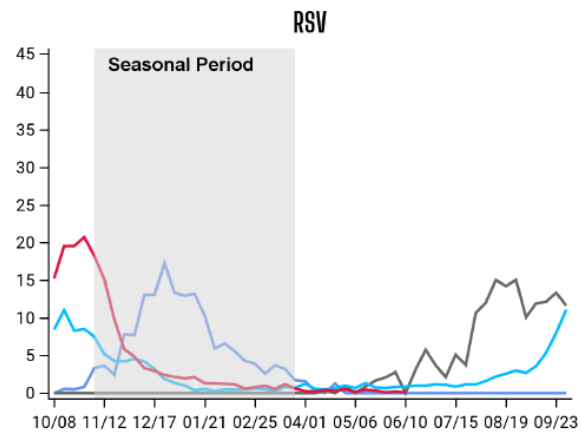
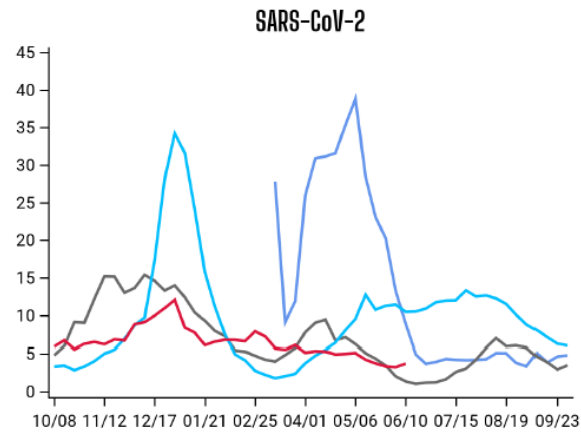
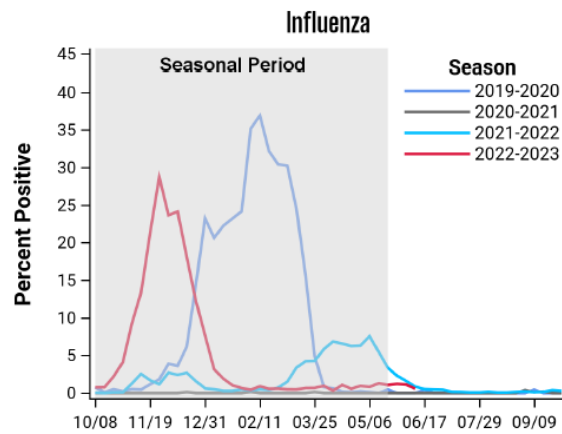
Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

Respiratory Pathogen	Week Ending June 10, 2023		Since October 2, 2022	
	# Tested	% Positive	# Tested	% Positive
Influenza*	2,917	0.6	168,556	7.5
RSV*	1,843	0.1	122,615	5.3
SARS-CoV-2*	1,734	3.7	193,714	7.0
Parainfluenza	1,481	4.5	59,100	3.3
Rhinovirus/Enterovirus	814	18.9	39,478	16.6
Adenovirus	815	4.4	39,383	3.9
Human Metapneumovirus	815	0.5	39,771	3.5
Seasonal Coronaviruses [†]	1,480	0.5	59,509	2.6

*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.



Chicago Respiratory Virus Surveillance Report – Seasonal Trends





Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
Not up to date	All	No required routine testing*
Up to date**	All	No required routine testing*

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

** An individual has received all COVID-19 vaccinations for which they are eligible




Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Hospital Admission Level	Routine Testing Frequency
Not up to date	All	No required routine testing*
Up to date	All	No required routine testing*
New and readmissions, regardless of vaccination status	Low, Medium	No required routine testing*
New and readmissions, regardless of vaccination status	High	Facility discretion*

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

★ Updated IDPH Guidance Document

- Updated guidance document released on May 25, 2023
- COVID-19 Hospital Admission Level is the new key metric
 - COVID-19 Community Transmission Level no longer being calculated/shared by CDC
- Other clarifications and updates (e.g., CPAP/BiPAP)

 State of Illinois Illinois Department of Public Health		COVID-19
JB Pritzker, Governor		Sameer Vohra, MD, JD, MA,
Original Release Date: August 13, 2020 Effective Date: August 14, 2020 Updated: October 21, 2020 Updated: March 19, 2021 Updated: May 6, 2021 Updated: July 28, 2021 Updated: August 6, 2021	Updated: October 20, 2021 Updated: December 3, 2021 Updated: January 18, 2022 Updated: March 22, 2022 Updated: November 4, 2022 Updated: May 25, 2023	

**Updated Interim Guidance for Nursing Homes
Following the End of the Public Health Emergency**
 Updated Sections are highlighted in RED.

Summary of Changes to Guidance Since November 4, 2022, Release	
Updated Sections	Page #
Continued Focus on County-Level COVID-19 Data: Hospital Admission Data	2
Reporting of Staff and Resident COVID-19 Vaccinations and Testing	4
Screening	4
Implement Source Control Measures	5
Universal PPE for HCP	6
Admissions and Residents who Leave the Facility	9
Resident Activities	15

Applicability

This interim guidance provides guidelines to mitigate the spread of COVID-19 in nursing homes and other long-term care (LTC) facilities that provide skilled personal care services. The guidance in this document is specifically intended for facilities as defined in the Nursing Home Care Act (210 ILCS 45/), Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), State-Operated Developmental Centers (SODC), Medically Complex/Developmentally Disabled Facilities (MC/DD), and Illinois Department of Veterans Affairs facilities.

Facilities whose staff **provide non-skilled personal care**, should follow the separate [IDPH Interim COVID-19 Guidelines for Assisted Living and Other Higher Risk Community Congregate Living Settings](#). The CDC definition of non-skilled personal care is provided under [Definitions](#).



Additional Enhanced Measures to Consider when Hospital Admission Level is High

- Monitor residents (including new admissions) at least daily for signs and symptoms of COVID
- Source control for all staff and visitors when in common areas of the facility where they could encounter residents
 - Should also consider source control if there is substantial local activity of other respiratory pathogens (e.g., influenza, RSV)
- Source control for new/readmitted residents for 10 days following their (re)admission
 - Facility discretion whether to test new/readmissions (if testing is performed, should test on day 0, 2, and 4)



Additional Enhanced Measures to Consider when Hospital Admission Level is High

- Extra precautions during communal dining and group activities (e.g., staggered meals, limited group size)
- Source control for beautician/barber and performers (e.g., musicians)
 - Consider source control for residents as well while they are in the salon/at performances

★ HCP PPE Guidance for CPAP/BiPAP

- For residents who are not suspected of having COVID-19, not on an outbreak impacted unit, and the Cook County COVID-19 Hospital Admission Rate is not high:
 - No additional PPE required (other than what would be indicated under Standard Precautions)
- For residents who are not suspected of having COVID-19 but are on an outbreak-impacted unit:
 - HCP should, at a minimum, wear a mask and should consider a N95 and eye protection
- For residents who are not suspected of having COVID-19 but the Cook County Hospital Admission Rate is high:
 - HCP should, at a minimum, wear a mask and should consider a N95 and eye protection
- For residents known/suspected to have COVID:
 - HCP to wear full PPE during use of CPAP/BiPAP. If resident is no longer in the room, N95 and eye protection should continue to be worn by staff entering the room for 60 minutes post CPAP/BiPAP use.



FAQ: Do all staff members on an outbreak-impacted unit need to wear a mask, even when in the hallway?

- If a facility is experiencing an outbreak of COVID-19 or other respiratory illness, at a minimum, HCP must wear a well-fitted mask while on the unit or floor experiencing an outbreak
 - In addition, facilities should consider requiring an N95 and eye protection during all resident care on the affected unit or floor



FAQ: Do we still need to report COVID cases to CDPH?

- Yes, even though the public health emergency is over, you are still required to report COVID-19 cases (and all other reportable disease cases) to CDPH
- Please also continue with your other reporting obligations (e.g., to IDPH and/or NHSN)



FAQ: Can we hire unvaccinated staff who do not have exemptions?

- While CDPH is supportive of facilities that keep a staff vaccination mandate in place, CMS has removed the requirement for staff to be vaccinated against COVID-19 or have an approved exemption in a [final rule](#) published in the federal register on June 5, 2023.
- While the rule technically does not go into effect for 60 days after it's publication, CMS will not be enforcing the staff vaccination provisions between now and the effective date.
- Facilities must still educate and offer the COVID-19 vaccine to residents and staff.

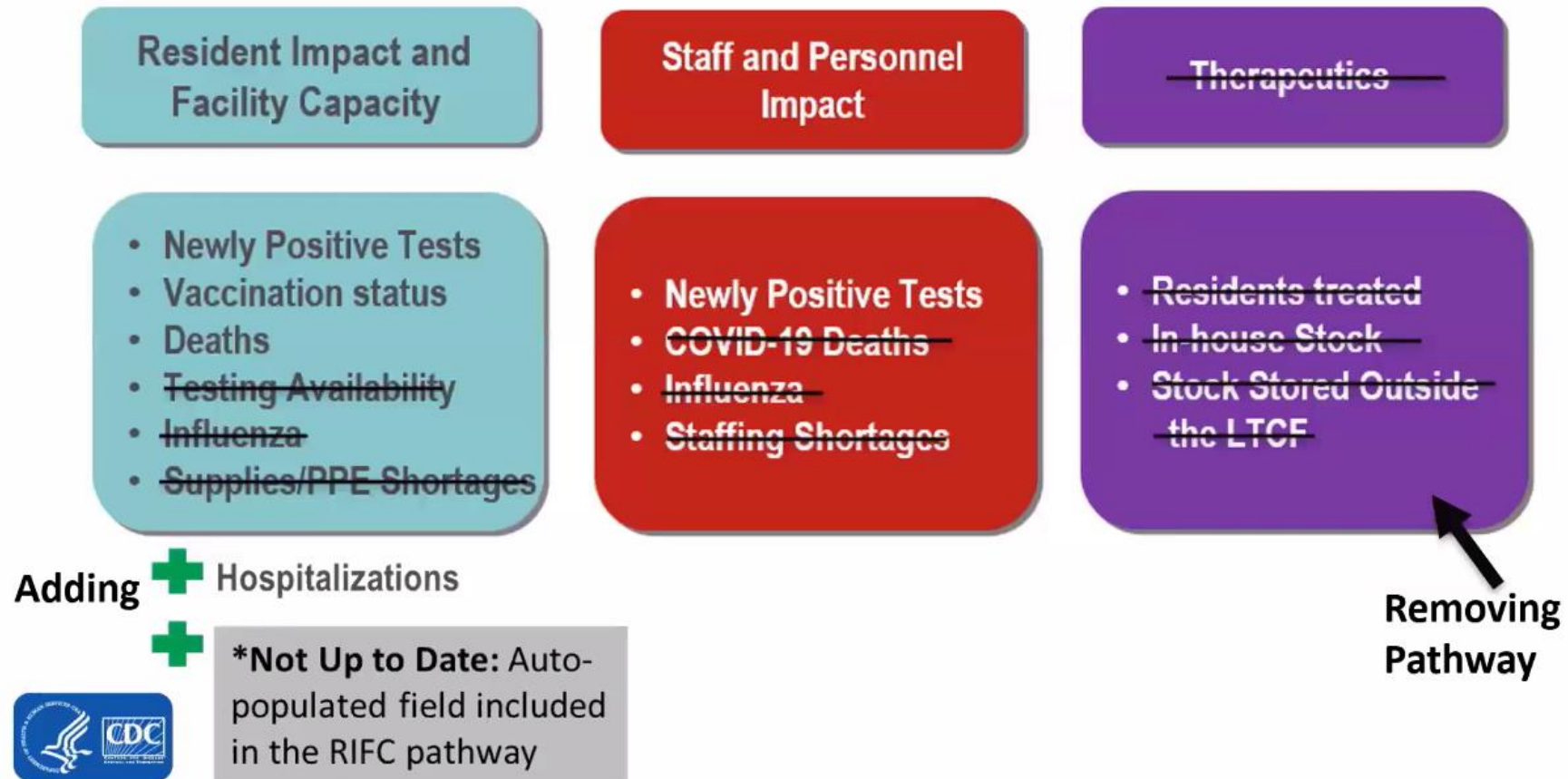


QA Check: Administration of 2nd Bivalent Doses to SNF Residents

- We receive an internal report of residents at SNFs who have received two bivalent vaccines
- The list on the righthand side of this slide includes all SNFs that we are aware of which have administered at least one second bivalent vaccination dose to resident(s)
- If you are a Chicago-based SNF who has administered a second dose to at least one resident and are NOT on the list, please reach out to me at Elizabeth.Shane@cityofchicago.org

ADMIRAL AT THE LAKE
ALDEN LINCOLN PARK
APERION CARE WEST RIDGE
CENTRAL NURSING HOME
CHALET NURSING
CITADEL OF WATERFORD
ELEVATE CARE IRVING PARK
LAKEVIEW NURSING AND REHABILITATION
MERCY CIRCLE
NORWOOD CROSSING SKILLED NURSING
SELFHELP HOME
SHERIDAN VILLAGE NURSING HOME
SMITH VILLAGE SENIOR LIVING
ST. JOSEPH VILLAGE OF CHICAGO
SYMPHONY OF LINCOLN PARK
THE CLARE
UPTOWN TLC
WARREN BARR LINCOLN PARK
WESTWOOD MANOR
WINSTON NURSING HOME

NHSN Updates: Modifications to the COVID-19 Module Surveillance Pathways





NEW: COVID-19 Therapeutics Utilization Weekly REDCap Survey

6/22/2023



Guidance for COVID-19 Management in Long-Term Care Facilities

- CMS Memo: The Importance of Timely Use of COVID-19 Therapeutics
 - "Nursing homes should ensure residents receive (in consultation with their physician and family) appropriate treatment when tested positive for COVID-19."

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

Ref: QSO-23-03-All

DATE: November 22, 2022
TO: State Survey Agency Directors
FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)
SUBJECT: The Importance of Timely Use of COVID-19 Therapeutics

Memorandum Summary

- *Providers and suppliers, especially those delivering care in congregate care settings, should ensure their patients and residents are protected against transmission of COVID-19 within their facilities, as well as receiving appropriate treatment when tested positive for the virus.*
- *Further, all providers and suppliers should continue to implement appropriate infection control protocols for COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>) and Influenza (<https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>).*
- *This memo discusses the importance of the timely use of available COVID-19 therapeutics, particularly for high-risk patients who test positive for the virus.*

COVID-19 Therapeutics



Utilization Weekly REDCap Survey

- LTCFs should ensure timely access to effective COVID-19 treatments for all eligible patients, as there is strong evidence that using antiviral treatments reduces the risk of hospitalization and death for those at risk of severe COVID-19.
- As the NHSN therapeutics pathway has been eliminated, CDPH no longer has access to Chicago-based SNF therapeutics administration data.
- To fill this gap, CDPH created a REDCap form for SNFs to report COVID-19 therapeutic utilization among facility residents.
- Submitting weekly data supports our ability to better understand and support therapeutics administration in skilled nursing facilities.

COVID-19 Therapeutics Utilization Weekly REDCap Survey



Please select the Saturday at the end of the week you are reporting for. M-D-Y

For example: A reporting week is defined Saturday to Saturday. If your facility treated 2 residents on Monday 6/5/23 with Paxlovid, and 1 resident on Wednesday 6/7/23 with Lagevrio, then select Saturday 6/10/23 for the reporting week.

* must provide value

Were anti-SARS-CoV-2 (COVID-19) therapeutics administered during this reporting week?

Did administer therapeutics

Report the total COVID-19 therapeutics administrations for the previous week ending Saturday.

Did NOT administer therapeutics

* must provide value

reset
If any resident received Paxlovid, molnupiravir or remdesivir, please select the first option.

How many residents were treated with Paxlovid?

* must provide value

How many residents were treated with Lagevrio (molnupiravir) ?

* must provide value

How many residents were treated with Veklury (remdesivir) ?

* must provide value

Are you interested in additional resources to educate staff and residents on therapeutic options available to treat COVID-19?

Yes

No

* must provide value

reset

Submit



AAA
□ □

COVID-19 Therapeutics Utilization

With the ending of the Public Health Emergency, it is especially important LTCF providers stay up to date on treatment and infection prevention and control guidance.

We have created this REDCap form for SNFs to report COVID-19 therapeutic utilization among facility residents. Please submit weekly data on therapeutic usage at your facility below.

All facilities must submit one weekly report even if no were therapeutics were used. Please only submit once during the reporting week.

Facility name:

* must provide value

Reporter name:

* must provide value

Phone number:

* must provide value

Email:

Please select the Saturday at the end of the week you are reporting for. M-D-Y

For example: A reporting week is defined Saturday to Saturday. If your facility treated 2 residents on Monday 6/5/23 with Paxlovid, and 1 resident on Wednesday 6/7/23 with Lagevrio, then select Saturday 6/10/23 for the reporting week.

* must provide value

<https://redcap.link/surveys.LTC.COVIDRX>



Reporting Cadence

- A reporting week is defined Saturday to Saturday.
- Report total COVID-19 therapeutic administrations for the previous week ending Saturday

For example: If your facility treated 2 residents on Monday 6/5/23 with Paxlovid, and 1 resident on Wednesday 6/7/23 with Lagevrio, then select Saturday 6/10/23 for the reporting week.

- Tips
 - Report in the form only **once** during the reporting week
 - If no therapeutics were administered for the selected week, select " did NOT administer"
 - Enter a 0 for any therapeutics type not administered during the reporting week

Please select the Saturday at the end of the week you are reporting for. MM M-D-Y

For example: A reporting week is defined Saturday to Saturday. If your facility treated 2 residents on Monday 6/5/23 with Paxlovid, and 1 resident on Wednesday 6/7/23 with Lagevrio, then select Saturday 6/10/23 for the reporting week.
* must provide value

Were anti-SARS-CoV-2 (COVID-19) therapeutics administered during this reporting week?

Report the total COVID-19 therapeutics administrations for the previous week ending Saturday. reset
* must provide value
If any resident received Paxlovid, molnupiravir or remdesivir, please select the first option.

How many residents were treated with Paxlovid?
* must provide value

How many residents were treated with Lagevrio (molnupiravir) ?
* must provide value

How many residents were treated with Veklury (remdesivir) ?
* must provide value

Are you interested in additional resources to educate staff and residents on therapeutic options available to treat COVID-19?
* must provide value reset



COVID-19 Therapeutics Utilization Weekly REDCap Survey

Access the NEW COVID-19 Therapeutics Utilization Weekly REDCap Survey

<https://redcap.link/surveys.LTC.COVIDRX>

Contact Leirah Jordan with any questions or concerns

Leirah.jordan@cityofchicago.org

★ Request Form for COVID-19 Rapid Tests from CDPH

- If your facility needs rapid tests, please complete this [request form](#)
- Tests will be sent to your facility via courier
- Can only be used for staff, not residents

CDPH COVID-19 Testing Support Request

Please complete the survey below to request COVID-19 testing support.

COVID-19 rapid test request information

Today's date Today M-D-Y
* must provide value

Requester name
* must provide value first name last name

Requester email
* must provide value

Facility information

Facility name
* must provide value

Point of contact name
* must provide value This person must be available on the day of testing, courier drop-off etc.

Point of contact title
RN, DON, director, MD etc. Enter NA if not applicable

02/10/2023 iHealth Labs, Inc. [iHealth COVID-19 Antigen Rapid Test](#) 11/05/2021 Lateral Flow, Visual Read, Over the Counter (OTC) Home Testing, Serial Screening, Single Target, Telehealth Proctor Supervised (optional) Home, H, M, W [HCP, IFU, IFU \(Home Test\)](#)

New IDPH Guidance Document

- On June 21st, IDPH released a new guidance document entitled “Use of Transmission-Based Precautions and Room Placement Options for Extensively Drug-Resistant Organisms in Skilled Nursing Facilities”
- We’ll go into more detail about this document on the next roundtable



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To: Skilled Nursing Facilities
CC: Local Health Departments, IDPH Office of Health Care Regulation
From: Caroline Soyemi, RN, HFSN, MSN, DNP
Healthcare-Associated Infections Coordinator, Division of Patient Safety and Quality
Date: June 21, 2023
Subject: Use of Transmission-Based Precautions and Room Placement Options for Extensively Drug-Resistant Organisms in Skilled Nursing Facilities

The control of multidrug-resistant organisms (MDROs), extensively drug-resistant organisms (XDROs), and emerging pathogens is particularly challenging in skilled nursing facilities (SNFs). The purpose of the attached document is to summarize best practices for the use of transmission-based precautions in SNFs and to assist with decision-making regarding the placement of residents with organisms of concern. The guidance will help with determining whether to place a resident on Contact Precautions or Enhanced Barrier Precautions in SNFs.

Additional resources will be available in the near future. Please direct any questions to dph.xdroregistry@illinois.gov.



Cohorting Hierarchy for Residents with MDRO/XDROs

Note: The below cohorting guidance is for residents who are indicated for enhanced barrier precautions only

- Facilities should place residents without evidence of MDRO/XDRO colonization/infection together whenever possible
 - Better to put two individuals together who were negative on previous testing/screening (e.g., a prior PPS) as opposed to putting one person who has tested negative with another person who was not previously tested

★ Staffing Changes

- Winter Viverette will be moving on to an exciting opportunity in a federally qualified health center (FQHC) as a Managing Director over HIV and housing services
- Her last day will be July 5th
- Winter has been an integral member of the SNF team since 2020 and will be greatly missed
- Please join us in thanking Winter for her tireless work to support SNFs during COVID and beyond



LTCR Invite Request Form

- If you do not receive calendar invitations to the roundtable webinars and/or have a new staff member that you would like to attend, please complete this brief [survey](#)



LTCR Invite Request

Please provide the following information to be added to the CDPH Long-Term Care Roundtable Invite List.

Thank you!

Your name

* must provide value

Your job title

* must provide value

Your facility

* must provide value

Select other if your facility is not on the list

Your email address

* must provide value

Your direct phone number





Questions & Answers

For additional resources and upcoming events,
please visit the CDPH LTCF HAN page at:
<https://www.chicagohan.org/covid-19/LTCF>