



# **COVID-19 Chicago Long Term Care Roundtable**

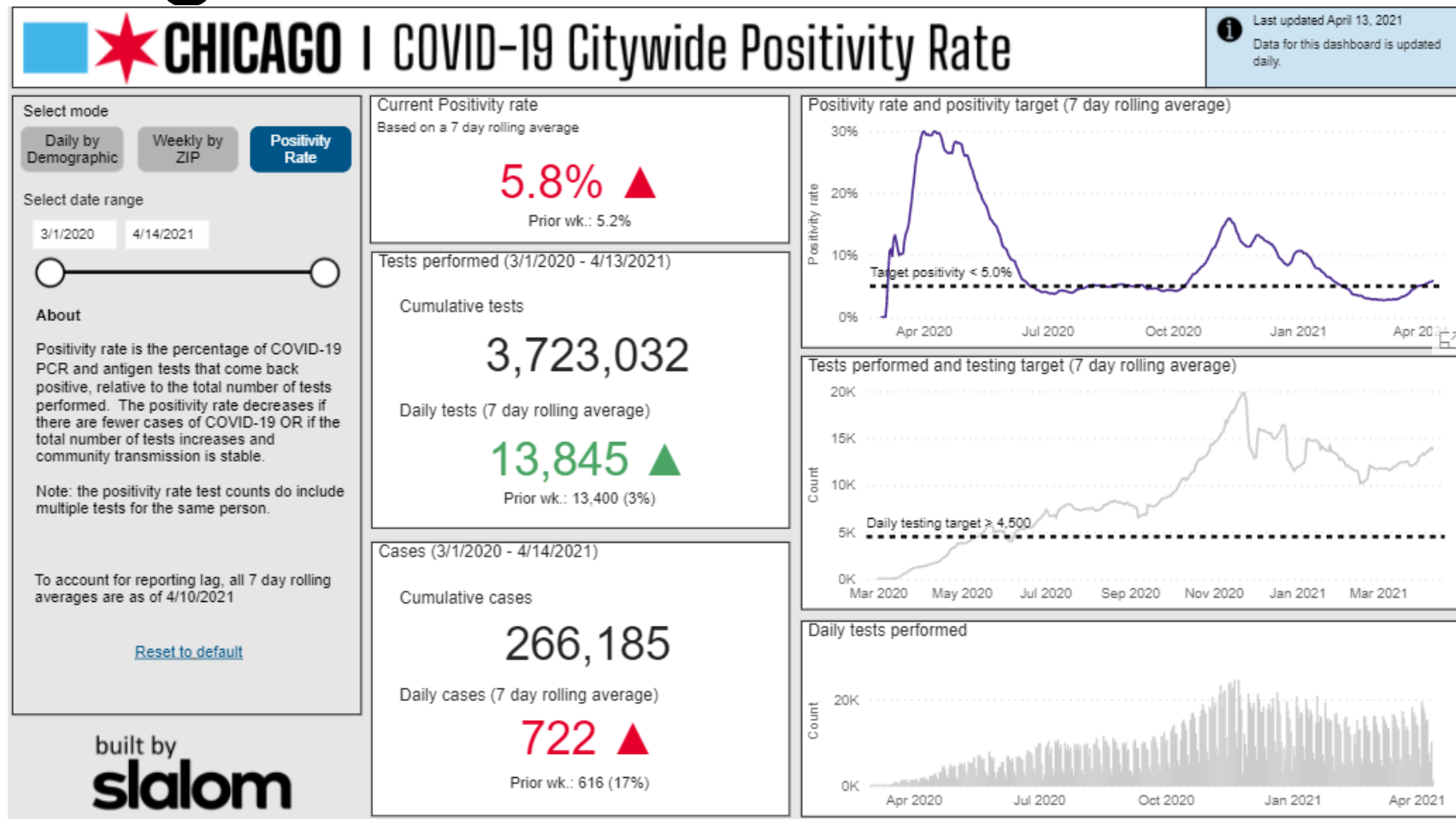
04-15-2021



# Objectives

- Chicago COVID-19 Epidemiology
- Reminders & Updates
- NHSN Vaccine Module Review
- Purposeful and Meaningful Activities for Memory Loss & Psychiatric Residents
- Q&A

# Chicago Dashboard

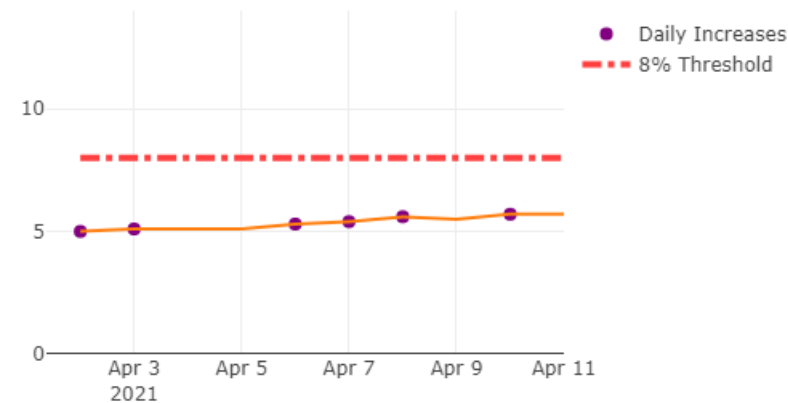




# IDPH Regional Resurgence Metrics: Region 11

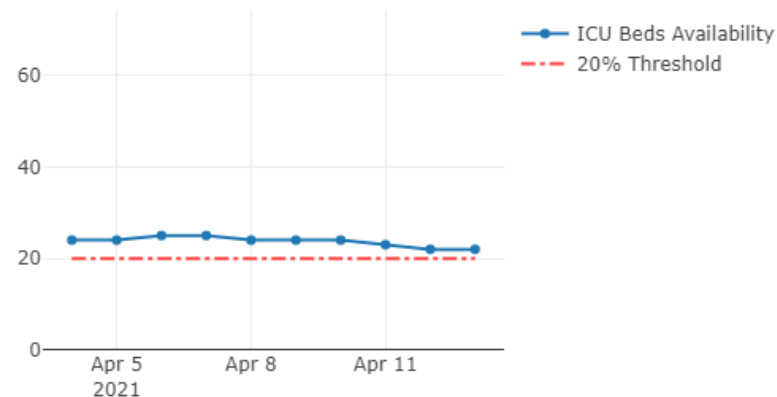
Test Positivity 7-Day Rolling Average

11 Consecutive Days under 8% threshold



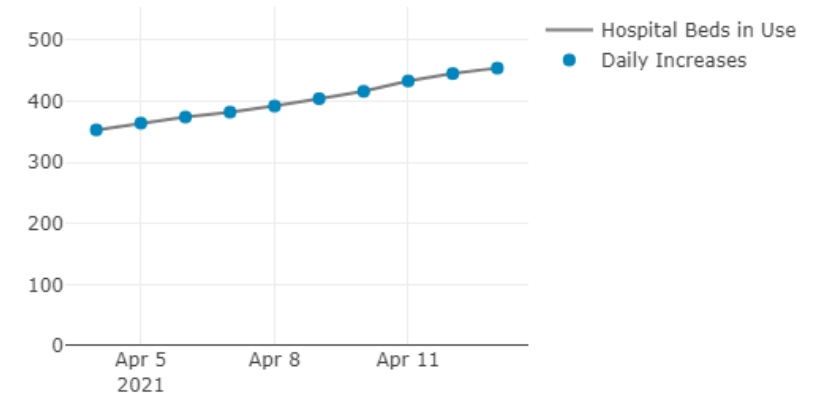
Hospital Bed Availability 7-Day Rolling Average

ICU Beds: 11 Consecutive Days  $\geq 20\%$  Threshold



COVID-19 Patients in the Hospital 7-Day Rolling Average

10 Days of COVID-19 Patient Increases

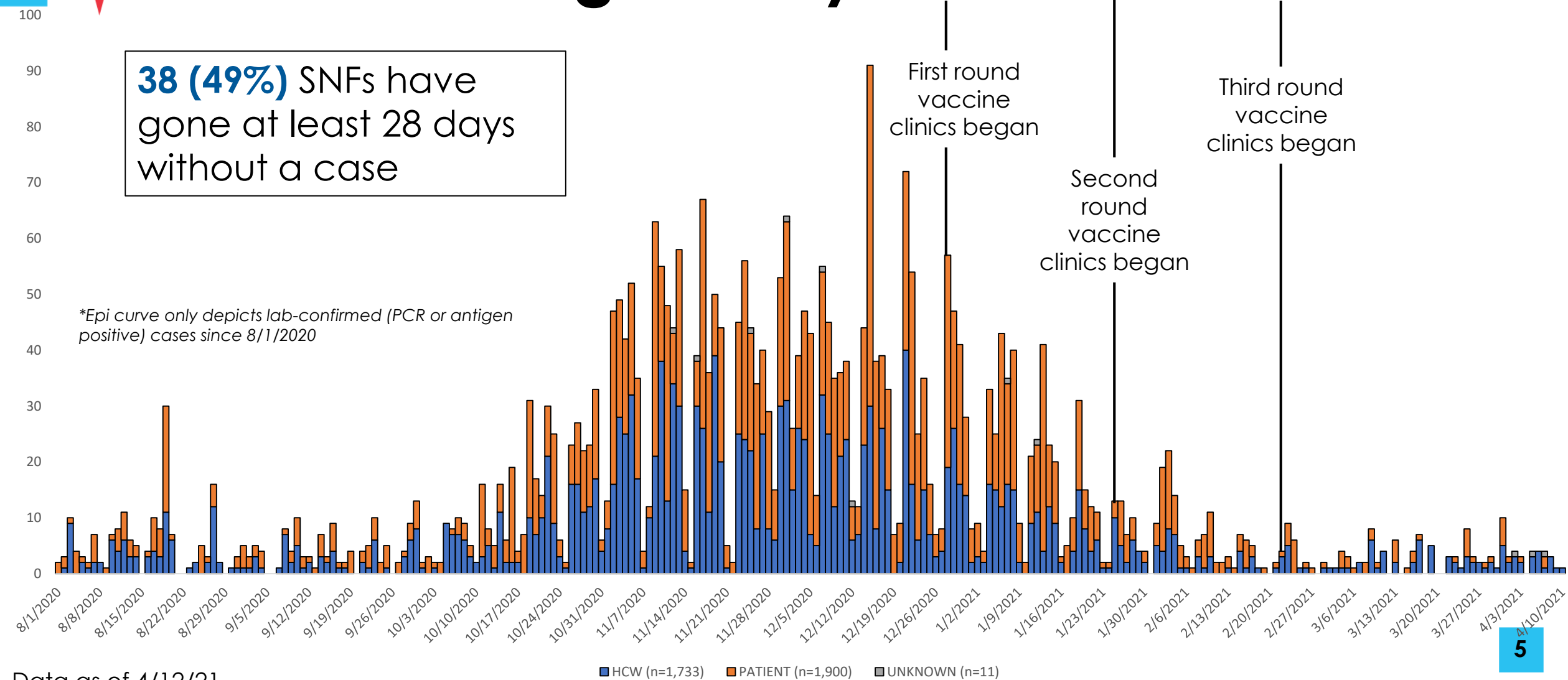




# Skilled Nursing Facility COVID-19 Cases

**38 (49%)** SNFs have gone at least 28 days without a case

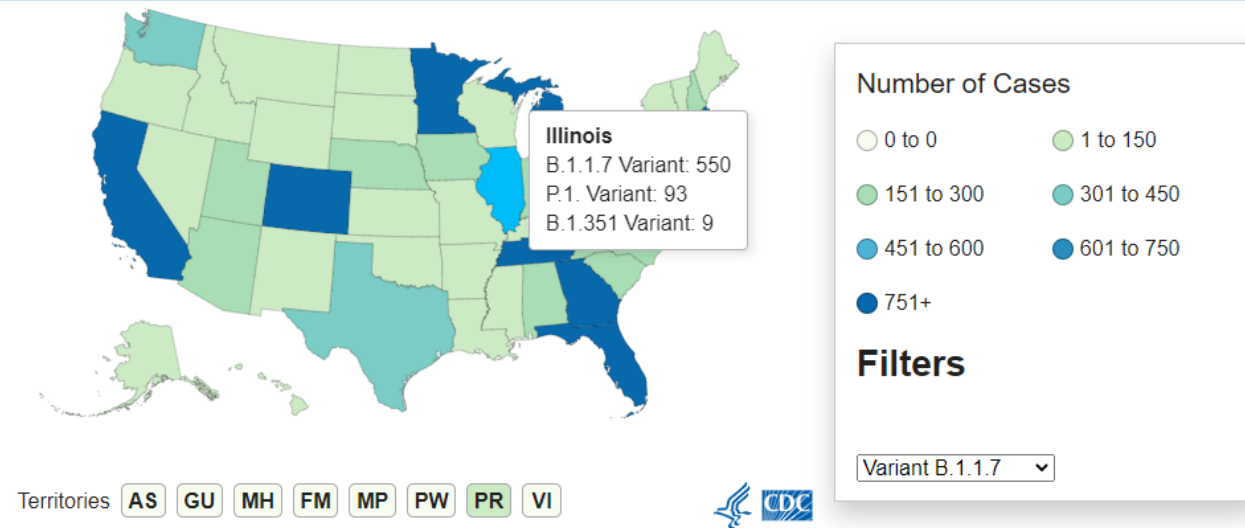
*\*Epi curve only depicts lab-confirmed (PCR or antigen positive) cases since 8/1/2020*



# ★ COVID Variants in the US & IL

Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	20915	52
B.1.351	453	36
P.1	497	31

Cases of Variants of Concern in the United States\*†



# Update: Testing Frequency

- Due to the elevated positivity rate, **all** Chicago-based skilled nursing facilities must resume routine **weekly** staff testing, even if there have been no recent cases in the building.
- Resident testing should be conducted as follows:
  - If a facility is conducting outbreak testing: residents must be tested every 3-7 days
  - If a facility is conducting routine testing (i.e., no cases in the past 14 days with the final round of weekly testing occurring on or after the 14<sup>th</sup> day following the specimen collection date for the most recent case): residents must be tested **at least** once a month
    - Consider more frequent testing for residents leaving the building for appointments or outings and new/readmissions
- **Reminder:** Vaccinated residents and staff still need to be tested at the same frequency as unvaccinated residents and staff.
  - The only residents/staff who do **not** need to be tested are those who have had COVID in the last 90 days.

# ★ Update: Johnson & Johnson Vaccine

- Reports of rare cases of severe blood clots after receipt of the Johnson & Johnson vaccine (6 cases out of 6.8 million doses administered)
- Out of an abundance of caution, FDA/CDC have advised to **pause** administration of the J&J vaccination
- If you have an upcoming clinic scheduled with J&J vaccine, please reach out to your vaccine provider ASAP to make arrangements for Moderna or Pfizer to be administered instead

## *Johnson & Johnson Vaccinations Halt Across Country After Rare Clotting Cases Emerge*

Federal health officials call for a pause in the use of Johnson & Johnson's coronavirus vaccine while they study serious illnesses that have developed in six American women.





# COVID-19 Vaccine - Current Providers

## CIMPAR

All American Nsg Home	Symphony facilities
Balmoral	Terraces At The Clare
Buckingham Pavilion	Villa at Windsor Park
Little Sisters of the Poor	Warren Park
Mercy Circle	Waterford Care
Montgomery Place	Winston Manor
Norwood Crossing	
Paul House	

## PrimeCare

Mado Uptown

## PharmScript

Aperion Care Facilities  
Astoria Place  
Carlton at the lake  
Chalet  
Clark Manor  
Lakefront  
Mosaic of Lakeshore  
Peterson Park  
Waren Barr Facilities





# COVID-19 Vaccine - Current Providers

## UnitedRx

Ambassador Nsg  
Belhaven  
Bria of Forest Edge  
Center Home for Hispanic Elderly  
Continental Nsg and Rehab  
Lakeview Nsg & Rehab  
Waterfront Terrace  
Woodbridge Nsg Pavilion  
Parkview Rehab  
Parkshore Estates  
Southpoint Nsg

## Symbria

Bethesda Rehab & Snr Care  
Wesley Place  
St. Joseph  
Smith Village

## CareOne Rx

Admiral at the Lake  
Birchwood

## Forum

Alden Facilities  
Wentworth Rehab





# COVID-19 – Near Future Providers

## MacRx

Austin Oasis

Beacon Health Center

Community Care Center

Elevate Care facilities

Estates of Hyde Park

Harmony

Kensington

Little Village

Mayfield

Selfhelp Home of Chicago

Sheridan Village

Southview Manor

Uptown TLC

## RxPerts

Arbour Healthcare

Atrium Healthcare

Central Nsg Home

Fairmont Care

Foster Healthcare

Westwood Manor



# ★ Update: Breakthrough Case Survey

Moving forward, if you have a resident or staff member who tests positive for COVID >14 days after they received their 2<sup>nd</sup> dose of Moderna or Pfizer vaccine or 1<sup>st</sup> dose of J&J vaccine, please complete the Breakthrough Case Investigation Survey.

- Only fill out the information you have available. If there is a mandatory field and you don't know the answer (e.g., type of instrument used), just put "Unknown".



# Update: IDPH Guidance for Vaccinated Residents

- IDPH has added the following exceptions to the quarantine of residents on an affected unit:
  - **Fully vaccinated** residents (i.e., >14 days past the last dose in a vaccine series) who were not close contacts of the positive case(s) in the facility may continue to participate in the following activities:
    - Limited small group activities (e.g., bingo, games)
    - Communal dining **if there is space on the unit**
  - The above activities can only be done ON THE UNITS that the vaccinated residents reside on (e.g., if the 2<sup>nd</sup> floor is considered an affected unit, a vaccinated 2<sup>nd</sup> floor resident **cannot** participate in group activities on the 3<sup>rd</sup> floor).
  - Core infection prevention principles (e.g., social distancing, masking, hand hygiene) must be adhered to at all times.



# Scenario 1: Resident Movement in an Outbreak Facility

- One positive staff case (CNA) who worked on the second floor of a four-floor building
- Facility immediately conducted a round of testing and identified no additional cases
- Dining areas/activity rooms are located on each of the four floors in the building

**What should the facility do?**



# Scenario 1: Resident Movement in an Outbreak Facility

- **All unvaccinated and vaccinated residents on the 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> floors** (excluding any under quarantine or isolation) can participate in group activities, communal dining, and indoor/outdoor visitation
- For the 14 days after the most recent case on the 2<sup>nd</sup> floor:
  - **No residents** on the 2<sup>nd</sup> floor are allowed to participate in indoor or outdoor visitation (exception: compassionate care visitation)
  - **All unvaccinated residents on the 2<sup>nd</sup> floor** (regardless of whether or not they had contact with the positive CNA) **and any vaccinated residents on the 2<sup>nd</sup> floor who had close contact with the positive CNA** should remain in their rooms except for medically necessary reasons.
  - **All vaccinated residents on the 2<sup>nd</sup> floor who did not have close contact with the positive CNA** can participate in group activities and communal dining on the 2<sup>nd</sup> floor only and only with other vaccinated residents.
- Continue outbreak testing (every 3-7 days) for all staff/residents until it has been at least 14 days with no new cases (with the final round of testing occurring on or after the 14<sup>th</sup> day following the specimen collection date for the most recent case)



## Scenario 2: Resident Movement in an Outbreak Facility

- One positive staff case (CNA) who worked on the second floor of a four-floor building
- Facility immediately conducted a round of testing and identified no additional cases
- The dining area and activity room for the building are located on the 1<sup>st</sup> floor

What should the facility do?





## Scenario 2: Resident Movement in an Outbreak Facility

- **All** unvaccinated and vaccinated residents (excluding any under quarantine or isolation) on the 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> floors can participate in group activities, communal dining, and indoor/outdoor visitation
- For the 14 days after the most recent case on the 2<sup>nd</sup> floor:
  - **No residents** on the 2<sup>nd</sup> floor are allowed to participate in indoor or outdoor visitation (exception: compassionate care visitation)
  - **No residents on the 2<sup>nd</sup> floor** are allowed to participate in group activities and communal dining, as they would have to go down to the 1<sup>st</sup> floor to do so.
- Continue outbreak testing (every 3-7 days) for all staff/residents until it has been at least 14 days with no new cases (with the final round of testing occurring on or after the 14<sup>th</sup> day following the specimen collection date for the most recent case)



# Scenario 3: Resident Movement in an Outbreak Facility

- One positive staff case (CNA) who worked on the second floor of a four-floor building
- A subsequent round of testing identified two additional cases in residents on the 3<sup>rd</sup> floor.
- Dining areas/activity rooms are located on each of the four floors in the building

**What should the facility do?**



# Scenario 3: Resident Movement in an Outbreak Facility

- For the 14 days after the most recent case on in the facility:
  - **No** residents on any floor can participate in indoor or outdoor visitation (exception: compassionate care visitation)
  - **All** unvaccinated residents on any floor (regardless of whether or not they had contact with the positive cases) and any vaccinated residents on any floor who had close contact with a positive case must remain in their rooms except for medically necessary reasons.
  - Vaccinated residents without known close contact to a positive case can participate in group activities and communal dining **only on their floor with other vaccinated residents.**
- Continue outbreak testing (every 3-7 days) for all staff/residents until it has been at least 14 days with no new cases (with the final round of testing occurring on or after the 14<sup>th</sup> day following the specimen collection date for the most recent case)



# Update: PPE Requirements based on Outbreak Status

- If you have not had a COVID case associated with your facility in >14 days:
  - ALL staff (even those who do not have direct resident contact) must wear at least a FDA-approved surgical mask
    - No staff members should be wearing cloth masks
  - ANY staff that has direct contact with residents must wear a face shield when providing resident care, regardless of the resident's COVID status
  - ANY staff caring for a resident under quarantine or isolation must wear a N95 respirator, gown, and gloves when providing care to that resident



# Update: PPE Requirements based on Outbreak Status

- If you have had a COVID case associated with your facility in the prior 14 days:
  - ALL staff must wear at least a FDA-approved surgical mask
  - ANY staff that has direct contact with residents must wear a face shield and a N95 respirator when providing resident care, regardless of the resident's COVID status
  - ANY staff caring for a resident under quarantine or isolation must also wear a gown and gloves when providing care to that resident

# Facility Spotlight: Austin Oasis

- A number of staff and residents at Austin Oasis did not feel comfortable getting vaccinated during the pharmacy partnership program due to hesitancy or just wanting more time to make the decision.
- The leadership team at Austin Oasis had one-on-one conversations with individuals who had not been vaccinated to champion the vaccine and walk through the individual's specific questions and concerns.
- As a result of these conversations, 25 staff members and 27 residents received their first dose of vaccine at Austin Oasis's fourth clinic.
- Congrats to Austin Oasis for their successful efforts at promoting vaccine uptake!!!

# NHSN – Vaccine Module

- CDPH is requesting all skilled nursing facilities report into the NHSN Vaccine Module
  - This will be used to track vaccine uptake at the different facilities
  - Save time on the phone with CDPH!
- Summary of module:
  - Number of residents/healthcare personnel in the facility
  - Number of residents/healthcare personnel who have received one or both doses of the vaccine
  - Number of individuals with contraindications, who declined, or have other situations that impact vaccination.
  - Vaccine supply and adverse reactions
- Training and instructions:
  - <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
    - Summary table of Instructions: <https://www.cdc.gov/nhsn/forms/instr/57.218-toi-508.pdf>

# NHSN – Vaccine Module

- Tracking Worksheet
  - Optional tool in an Excel spreadsheet format
  - Auto-calculates answers to LTC facility resident and HCP vaccination data collection forms
  - Access spreadsheet template at: <https://www.cdc.gov/nhsn/ltc/weekly-covidvac/index.html>

Weekly COVID-19 Vaccination Cumulative Summary for Residents of Long-Term Care Facilities TRACKING WORKSHEET					*Facility ID#:										
					Vaccination type:	COVID_19									
					*First day of Reporting Week (Monday):	12/21/2020		Select the Monday of the start of the week you are reporting							
					Last day of the reporting week (Sunday):	12/27/2020		Last day of the reporting week automatically populated							
*Resident Admit Date	Resident Discharge Date	Resident Last Name (Enter name)	Resident First Name (Enter name)	Unique Patient Identifier (Enter DOB, Med Record #)	*Vaccinated with Dose 1 (Enter date of vaccination 1)	*Dose 1 Vaccine Name (choose from drop-down)	*Vaccinated with Dose 2 (Enter date of vaccination 2)	*Dose 2 Vaccine Name (choose from drop-down)	*Adverse Event Noted This Week? (Enter date of event)	*Contra-Indication Noted (Enter date of Contra-Indication)	Declined COVID Vaccine (Enter date of Declination)	Vaccinated at Another Location? Select:	History of laboratory positive COVID-19? Select:	Additional Comment (optional)	



# NHSN – Vaccine Module – Key Points

- Question 1: Number of HCP eligible to have worked at the facility
  - Total number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection
    - Include all individuals who have been identified to receive vaccination, not just those who have been prioritized first
    - Include workers on sick leave, maternity leave, and vacation
    - Include individuals who work part-time as well as full-time
  - Note:
    - Optional - report subtotals by HCP category
      - Each individual should be counted in only one category
    - HCP who work in two or more facilities should be included in each facility in which they are eligible to have worked

# NHSN – Vaccine Module – Key Points

- Question 2: Residents or HCP receiving COVID-19 vaccine
  - Step 1: Select a COVID-19 vaccine from the drop-down box
    - Pfizer-BioNTech
    - Moderna
    - Janssen (J&J)
  - Step 2: Enter cumulative number of current residents or eligible HCP who received only one dose of vaccine
  - Step 3: Enter cumulative number of current residents or eligible HCP who received dose 1 and dose 2 of vaccine
  - Step 4: If residents or HCP received another type of vaccine: select from the dropdown box

Cumulative Vaccination Coverage	
1. *Number of residents staying in this facility for at least 1 day during the week of data collection	
2. *Cumulative number of residents in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:	
2.1. <u>Only</u> dose 1 of Pfizer-BioNTech COVID-19 vaccine	
2.2. Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	
2.3. <u>Only</u> dose 1 of Moderna COVID-19 vaccine	
2.4. Dose 1 and dose 2 of Moderna COVID-19 vaccine	
2.5. Dose of Janssen COVID-19 vaccine	
2.99. Complete COVID-19 vaccination series: unspecified manufacturer	
Any completed COVID-19 vaccine series	
3. Cumulative number of residents in Question #1 with other conditions:	
3.1 *Medical contraindication to COVID-19 vaccine	
3.2. Offered but declined COVID-19 vaccine	
3.3. Unknown COVID-19 vaccination status	
3.4. History of laboratory-confirmed SARS-CoV-2 infection	

# NHSN – Vaccine Module – Key Points

- Question 2 Notes:
  - Optional – entering subtotals by HCP categories
  - Include residents or HCP receiving COVID19 vaccine at the facility or elsewhere (such as a pharmacy)
    - Residents or HCP receiving vaccine elsewhere should provide documentation of vaccination, which includes vaccine type
    - If documentation is not provided, report these residents or HCP in question #3.3 (unknown COVID-19 vaccination status)
  - Facilities should report **cumulative data** each week (rather than only new data)
    - Example:
      - Week 1: 10 physicians received only dose 1 of Moderna COVID-19 vaccine
      - Week 2: 5 more physicians received only dose 1 of Moderna COVID-19 vaccine
      - Facility should report 15 physicians received only dose 1 of Moderna COVID-19 vaccine by the end of week 2

# NHSN – Vaccine Module – Key Points

- Question 3 : Residents or HCW with other conditions
  - Required: Report the cumulative number of current residents or eligible HCW with medical contraindication
  - Optional: Report the cumulative number of current residents or eligible HCW with the following conditions:
    - ☐ Offered but declined COVID-19 vaccine
    - ☐ Unknown COVID-19 vaccination status
    - ☐ History of laboratory-confirmed SARS-CoV-2 infection
  - Key points:

Make sure the number does not exceed the total number of HCP with other conditions.

# NHSN – Vaccine Module – Key Points

- Question 4: COVID 19 vaccine(s) supply
  - Optional: Answer two questions each week:
  - For facilities enrolled as a vaccine provider:
    - Receipt of any COVID-19 vaccine(s) by the end of the week of data collection
    - Sufficient COVID-19 vaccine supply to vaccinate facility's residents or prioritized HCP by the end of the week of data collection

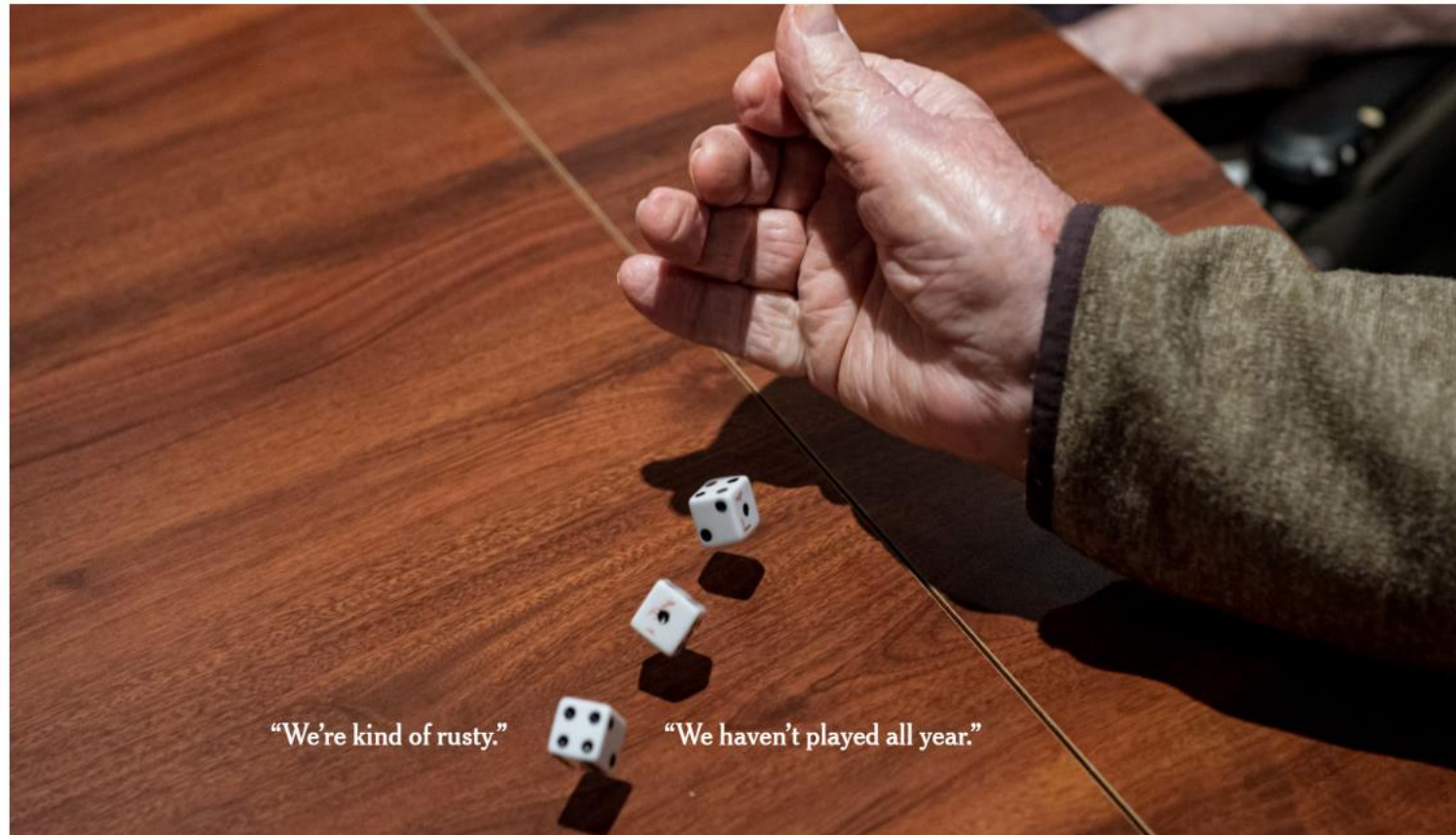
# ★ NHSN – Vaccine Module – Key Points

- Question 5: Adverse events following COVID-19 vaccine:
  - Required: Total number of residents or HCW with adverse events
  - Key facts: Report clinically significant COVID-19 adverse events as well as events identified in emergency use authorization fact sheets.
  - Clinically significant adverse effects include:
    - Vaccination errors
    - Serious adverse effects (such as death, life threatening conditions, hospitalization or persistent disability/incapacity)
  - Enter data on total number of residents or HCP with clinically significant COVID-19 adverse events identified this week (not cumulative)
    - Report data for residents or HCP in question #1
    - Report data for each specific COVID-19 vaccine
- Health care providers should report adverse events to VAERS at: <https://vaers.hhs.gov/reportevent.html>
- Enter your NHSN OrgID in Box 26 of the VAERS form

\*5. Number of HCP with clinically significant COVID-19 vaccine adverse events identified this week

	*All HCP	Employees	Non-Employees
5.1 Pfizer-BioNTech COVID-19 vaccine	3	1	1
5.2 Moderna COVID-19 vaccine	2	2	0

## Purposeful & Meaningful Activities for Memory Loss & Psychiatric Residents





## Social Isolation, loneliness & boredom takes a tremendous toll on older adults- especially those with memory or psych/behavior challenges

- Depression and anxiety
- Wandering, agitation, apathy (these behaviors make cohorting and core IPC practices difficult)
- Decline in mentation
- Increase in reactive behaviors
- Lost progress in psych residents
- An increase in desire to smoke
- Decreased desire to eat leading to weight loss.
- Physiologic changes such as worsening of chronic illness and an increase in blood pressure or cardiovascular events, and even premature death







# Touch starvation (skin hunger)

Occurs when physical contact is limited or eliminated  
Increase in stress depression and anxiety, triggering a cascade of negative physiological effects

Can increase heart rate, blood pressure, respiration and muscle tension, and suppress the digestive system and immune system leading to increased risk of infection

Can lead to PTSD

If in outbreak consider increasing sensory activities and providing things like stuffed animals for residents to hold

Touch starvation is a consequence of COVID-19's physical distancing,

<https://www.tmc.edu/news/2020/05/touch-starvation/>

# Selecting Activities: Things to consider

- Is the facility in outbreak?
- Is your resident on transmission-based precautions?
- Personal Interests-WHO ARE THEY??
- Their ability to do things-focusing on what they can do rather than what they cannot do.
- Mobility and energy
- Good and bad days
- The environment-what is going on in the building, the time, the place,etc
- Vaccination status of the individual and facility

***Remember: Meaning is unique to each one of your residents. Meaningless activities damage the human spirit. Keep activities relevant and meaningful!***

# Communal activities & outings

## Communal activities

- Provide supervised hand hygiene
- Sanitize all equipment between users.
- Ideally, provide designated items for each person (e.g., have art supplies in a bag labeled with the resident's name).
- Avoid activities that involve multiple residents handling the same object
- Avoid vocal performances and sing-alongs.
- Limit performances to instruments that can be played while wearing a mask.
- Worship services should avoid singing, chanting, and group recitation.

## Outings

- Outings with family members or very small group outings are permitted if:
- Residents can be closely supervised
- Appropriate physical distancing can be maintained.
- Residents can tolerate wearing masks
- Frequent opportunities for hand hygiene are available
- Outdoor trips are strongly preferred

***Only residents NOT in quarantine or isolation can participate in group activities or leave the facility***



# Daily living activities promote a sense of purpose & accomplishment

Integrate the activity into the daily routine  
Break it down to simple steps  
Provide a reason for the activity

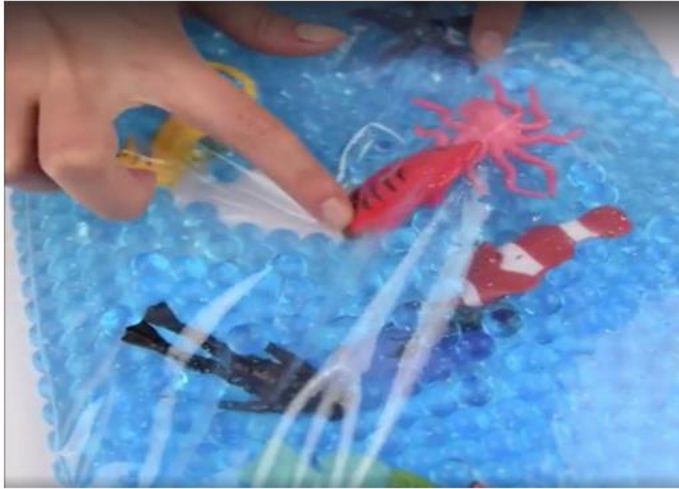
*“I sure could use your help....”*

- Making your bed
- Organizing your drawers/closet
- Sorting and folding your clothes/linens
- Sweeping/vacuuming/mopping your floor
- Dusting your room



Despite pandemic limitations, there are lots of opportunities for engagement. Be creative!!

# Sensory activities and Music





# Memory/Legacy Building

Handcasts  
Legacy Boxes  
Scrapbooking  
Family figures



# Crafts

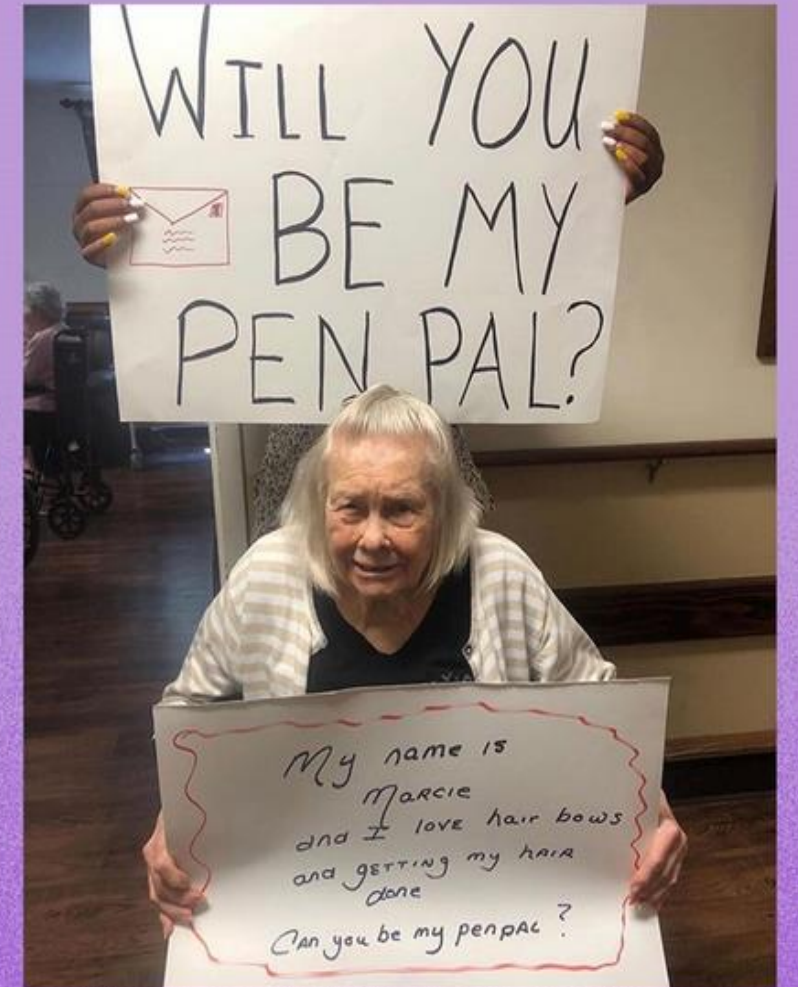








# Pen Pal programs





# Physical Activities





**"Go outside to an area where there are not too many trees, and take turns flying the kites. They can even be attached to wheelchairs."**





# Tools For Physical Distancing





# Welcome to my garden





## Think out of the box!



Have someone roll a dice and when their number comes up they move forward one square at a time till the winner reaches the finish line. Happy racing.





# Back to Life Bucket List





# After Vaccines, Joy, Relief and Game Night





And don't forget to **CELEBRATE** both the big and little things!





# Resources

- <https://elizz.com/caregiver-resources/dementia-and-activity-ideas-during-this-covid-19-pandemic/>
- <https://www.alz.org/help-support/caregiving/daily-care/activities>
- <https://www.alzheimers.net/montessori-method-dementia>
- <https://www.facebook.com/greencountryvillage/posts/1144818715972793>
- <https://www.facebook.com/154486824590793/videos/429748998185048/>
- <https://www.nytimes.com/2021/02/12/us/nursing-homes-covid-19.html>
- <https://www.managedhealthcareconnect.com/content/beyond-bingo-meaningful-activities-persons-with-dementia-nursing-homes>
- <https://amshq.org/About-Montessori/Montessori-Articles/All-Articles/The-Montessori-Method-Applied-to-Dementia>



# Questions & Answers

**A special thanks to:**

**Project Hope:**

Celeste Pearson  
Sue Schory

**CDPH HAI Team:**

Hira Adil  
Dr. Stephanie Black  
Dr. Amy Hanson  
Adebola Hassan  
Liz Shane  
Winter Viverette  
Kelly Walblay  
Shannon Xydis  
Shane Zelencik

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