

Centers for Medicare & Medicaid Services
COVID-19 Call with Nursing Homes
August 13, 2020
1:30 p.m. ET

OPERATOR: This is Conference # 1964786.

Seema Verma: Well, good afternoon, and thank you for joining us. This is Seema Verma. I'm the Administrator of CMS. And today, I'm joined by our Director of CCSQ, Dr. Fleisher and our Medical Director, Dr. Shari Ling. Again, I want to thank you for your time, I know this was short notice and I just appreciate you taking some time this afternoon.

The reason for our outreach today is that we are deeply concerned about the situation that we are seeing in nursing homes. We've been talking about this many times, but I think the situation nationally has escalated. Again, appreciate all of you that are reporting into the NHSN and that's actually given us the insight into the situation that we are seeing. And I wanted to make sure that everybody was aware of.

Since you all started reporting into the system, we were seeing probably a high at that time of about 11,000 cases nationwide. And we actually saw the numbers go down for some time. And so, by the end of June, we were at a low of about 6,319 cases.

Unfortunately, what we're seeing is at the end of July, we are up to about 12,000 cases and we're also seeing an uptick, unfortunately, in the losses. So, obviously, we're very concerned. This is tied to the increased community spread that we've seen in many areas of the country and we're now probably at the point now with about 50 percent of nursing homes that have experienced cases.

And so, obviously, we're really concerned about this because we're looking at some nursing homes that have couple of cases, three or more cases, but we're also seeing some nursing homes that have more than 30 cases.

And given how rapidly this disease can spread, how very contagious this is, we're concerned about the nursing homes that right now have one case or two to three cases, that this could rapidly expand and we can have a more significant crisis on hand.

I can tell you that this is something that, the coronavirus task force, we spent most of the meeting yesterday discussing this issue. There will be a call with Governors on Monday and we'll be talking about the nursing home situation.

I can tell you that FEMA is on high alert in terms of supplies and tracking. We heard that there are some nursing homes that have a three- to five-day supply. I can tell you FEMA is on top of it, also dealing with some of the masks and the N95. So, I think that part is also being addressed.

In terms of testing, I think obviously many of you have heard about our plan to give you point-of-care tests. A lot of those have been dispersed and we've been prioritizing the nursing homes in these, what we'd say, hot spot states.

That being said, this is something that we are working with the manufacturers on. We've asked the manufacturers to direct all of their point-of-care tests to the nursing homes. And so, point-of-care tests right now in this country are all going to nursing homes, but we are dependent on their production schedule.

So that being said, we are urging all of you to have a plan to test your staff; and if it's necessary, to do your residents as well. And I can tell you that we have worked with the lab companies across the country to make it very clear to them that they should be prioritizing nursing homes.

That being said, I think it's important to note that what we're also seeing by having some of our federal strike teams out on the ground is that this is not just a testing issue or a supply issue. And our deep concern is that even in nursing homes that are doing testing on a regular basis that we are still seeing significant spread.

And so, even with our commitment to do more testing, to ensure you have the supplies that you need, our concern is that that's not going to necessarily

completely address the problem. And what we are seeing are significant deficiencies in infection control practices.

A lot of your management seems to be very attuned to the requirements and the guidelines. These are long-standing guidelines that we've had in place. Unfortunately, what we're seeing on the ground is that some of the translation to frontline staff sometimes that there are issues there.

And so, I'm asking you all to really double down on those practices. We're going to be taking a number of actions to make sure that you have the support that you need whether it's with quality improvement organizations.

I can tell you that our team just reviewed a national training curriculum, which is going to be coming out as well. That will be very helpful for not only your managers but also your frontline staff.

That being said, we didn't want to wait. We wanted to make sure that we got in contact with you to really have you focus on some of the things that we know are going to be critical.

Even if you have one to two cases, I cannot emphasize enough that that situation can turn very, very quickly. And in a matter of hours, you could go from having two or three cases to having half of your nursing home impacted, which is what we've seen in some areas.

Those nursing homes that don't have any cases, I would not be complacent in that. What we would recommend that you do is look at your emergency preparedness plan. What happens? Are you prepared? Run through some drills and make sure that you're doubling down on infection control and that you're prepared.

What we've seen in some nursing homes is that – excuse me – they get into a situation where their management staff becomes sick. And so then it's how are you going to deal with backup? It's those kinds of things that through some type of simulation, or kind of going through your plan again, will put you in a position of being better prepared.

So, what I wanted to do today is have Dr. Ling and Dr. Fleisher go over some of their recommendations. I can tell you that I've had the medical staff at CMS, I've asked them not only to be writing guidelines and making sure that we're using the latest and greatest information from CDC based on their epidemiological surveys, but also that they go into the nursing homes.

And so, some of the recommendations and comments that they're going to give you today is based on their practical experience of going into nursing homes. They have been visiting with the strike teams to get a read out.

And today, what we're going to give you is some of the best practices that we hope all of you would employ immediately in your nursing homes. We want to continue to work with you in partnership. There will be a lot of discussion about where we go from here. But right now, we are trying to address the immediate crisis at hand.

And with that, I'll turn it over to Dr. Fleisher and to Dr. Ling.

Dr. Lee Fleisher: Thank you so much, Administrator, and thank you for outlining these critical issues and for your leadership in this.

We – our goals, as we outline, are really to reduce viral transmission, entry in, and spread within the home, and reduce the risk of the complications in this most vulnerable of all populations, the nursing home residents.

And it's important to recognize that in this particular population the doubling time can be 3.6 days. So, within a week, you could go from two cases to eight cases to 16 cases if you do not take action quickly and that would be in the next 24 to 72 hours to really reduce the spread and the risk.

And we've been thinking about this a lot from the standpoint of keeping COVID out, detecting cases earlier, preventing its transmission, and managing your staff. And I'll go over some of the key findings from our strike teams and observations from the QIOs.

And our goals really are to implement best practices. And it's really the word implement as opposed to just understand them. So, we think it's important for learning, adopting, and repetition that's really needed for frontline staff.

Some of the best practices we've seen is where other staff are watching how people are donning and doffing their PPE and even watching hand washing and making sure people use it.

We believe on-site infection preventionists are a great source of leadership and vigor, and if you don't have that or even if you do, developing local relationships, anywhere from your county to the state, public health people, but also with your hospitals. And we hope that nursing homes really form groups within their local area and ask each other for what are best practices.

With regard to managing staff, it's important to listen and look for workforce shortages, which are a major concern. And as you get short, as people become ill potentially or staff are unable to come to the home, this can cause other staff to rush and not perform best practices and this can lead to increased spread.

So, it's important that people slow down and that they really watch and make sure they perform best infectious disease practices.

While testing can identify asymptomatic staff who tests positive, and it's important not to allow them entry until proven negative, but all the staff by using masks and proper hand hygiene should be able to prevent spread even if they're asymptomatic and you do not yet have the tests.

And we worry about the psychological impact of the loss which needs to be really managed.

And finally, with regard to testing, it's really important that you dedicate space and staff for the sample collection, testing, and data recording. Many of the facilities actually do this outside of the facility so that you're not bringing it in when a staff member who comes in who's ill that day who is asymptomatic but will test positive.

What we've really learned from our site visits of the strike teams is washing of the hands is critical and many of your facilities are old. There has been some misinterpretation of some guidance. We believe the alcohol-based hand sanitizers are really critical and should be up everywhere in these facilities in order to properly wash hands and maintain optimal hand hygiene.

We've also learned that maintaining social distances sometimes is hard because lunch and break rooms may be small, but you need to not have in-person meetings or congregating and the best nursing homes actually have defined times when people can eat in which they can maintain that six feet apart during lunches or breaks.

Again, wearing masks and covering your cough and not touching your face, we'll be giving tabletop instructions to the frontline providers examples of correcting PPE donning, where somebody needs to adjust it and re-contaminates themselves.

And as I said, installing those alcohol-based hand sanitizers and instructions of how to do it and actually asking the healthcare worker to repeat it back to make sure. In fact, it's important that you empower all of your providers to say, "I saw you didn't optimally wash your hands or you actually contaminated yourself." And they then say, "thank you" and they go back and actually proper re-don that.

And we think this new module that's going to be released in about 12 days, that everyone should take it as soon as possible. We believe it's really critical.

And finally, as the Administrator talked about, really developing some of those emergency preparedness plans of what happens if someone becomes positive so that you really can take it off the shelf tomorrow.

And with that, I'm going to turn it over to Dr. Ling to go over some more of our recommendations.

Shari Ling:

Yes. And thank you, Dr. Fleisher, and good afternoon. And first, let me say thank you all so much for coming to this call and to the care you provide to our beneficiaries. What you do matters tremendously.

And as we're hearing these lessons learned and as I speak to the potential actions, know that they have come from what has been observed at the point of care that it is feasible – what we recommend is feasible to do. Each and every one of us has a role to play in solving this incredible and unprecedented challenge that we have.

So, as was mentioned earlier, the categories of the potential actions that can be taken immediately are that for keeping COVID out, detecting cases quickly, preventing the transmission, and managing staff.

So, to the first category of keeping COVID out, we have worked hand-in-hand and very closely with CDC and our federal partners to really be clear that we cannot over emphasize the importance of the screening for symptoms and temperature and risk factors and all of that, anyone who enters into the facility.

So, be sure that the screening procedures that are implemented are really robust and checked. And as Dr. Fleisher mentioned, we have to get there together. So, being responsible together for calling out where there may have been deviations from what the recommendations are, putting in place the screening protocols and having for our residents screening with a high index of suspicion.

Certainly, residents who have cough and fever, the risk is high. And so, they will be the first to be tested. However, not all residents will have those and manifest in those types of symptoms. They may actually – it may be a subtle behavior change. And there, your nursing staff, your frontline staff really know the residents best and really empower them to speak up and say, I'm worried about missus so and so. Let's take a close look at her.

And that actually helps also in detecting cases quickly with a high index of suspicion, also important for preventing transmission of the virus within a facility, and taking action, perhaps even before the symptoms and the tests have come back, so not to wait.

We understand that turnaround time for many of you can be delayed. So, there's action still you can take, right, to prevent further transmission as you wait.

Proper donning and doffing of PPE, proper hand hygiene, and masking and social distancing, these are all really, really critical and has been identified as opportunities and necessities.

So, even without a test being positive, we talked about cohorting and how that is done. You have negatives, you have positives, you have, as you wait, unknowns. So, have a process in place how you would manage and cohort these residents so as not to risk further transmission I think is really an important message and is part of some of the lessons learned that we will be diving into the training modules that Dr. Fleisher mentioned.

So, cohorting capabilities and also work flow is an important part of controlling viral transmission.

I will also say that given the staffing limitations that we have heard from many of you, training once and once and done is not sufficient. Because as new staff come on board, they actually also need to know how to manage in this new environment if they are filling in. And planning for that in your tabletop exercises is an important action that can be taken today, immediately.

So, this gets to the category of managing staff. We know that many of you have already turned to some novel solutions, bringing new staff on board, enhancing your relationship and knowledge of the resources in your local areas, relying upon each other, and also turning to your local industry, your local chapters and professional societies, imparting the clinical knowledge at the point of care that's necessary to help you improve, to help the care delivered improve, in real time.

And really just acknowledging from what we have heard for staffing that this is not just a fear of the unknown. When you lose residents, when you lose staff, it has a deep impact that needs to be managed proactively. So, there are resources about this. And this is also about preparing a resilient workforce.

The last category really is that of reducing deaths. So, early detection that a resident is at risk or develops COVID symptoms, however atypical they may be, we know also that clinical decompensation can happen fast, can happen within minutes or hours.

So, really developing and fostering those relationships with local resources, local hospitals, and imparting the clinical knowledge, it's routine base training on how to manage COVID symptoms and residents with COVID not just to diagnose but to manage thereafter, really is an important part of the solution that we have seen in real life that facilities are able to do together.

And finally, just to say that speaking with you all at the frontline, I want to express our appreciation and support, but really call upon you, as Administrator Verma mentioned, we need to solve this today. We cannot wait until we have perfection.

We are going to have to learn our way through this and not just rely on testing. So, each one of you has talents, skills, and knowledge, and experience to bring to bear here.

So, this is our appeal to you to really join us and that we can join you in our path forward. Thank you.

Seema Verma: Thank you, Dr. Fleisher and Dr. Ling. We just got a couple of minutes here. Again, just sort of reemphasizing, I wanted to kind of make sure you all are aware of the numbers. I think, at this point, we have about 10 percent of nursing homes, in the United States throughout the country, that have cases. And our goal here is to now prevent that mitigation of spread inside those nursing homes and to prevent other nursing homes.

And as I said, we'll be communicating with the Governors on Monday about things that they can do to support your efforts on the ground.

I'm hoping that Mark Parkinson is on the line. Mark, I don't know if you wanted to say a couple of words in closing. I just want to make it very clear to all of you that we are here to help you and support you. This isn't a time of fines and being punitive. It is a time, as Shari said, to be problem solvers.

So, I want you to know that whatever you need, we are here to help you on any level whether it's staffing, whether it's supplies, whether it's testing, whether it's just technical assistance, we're here to get you whatever you need.

And we're going to be emphasizing with the Governors and state and local officials to make sure that you have that support. And please communicate if you have needs.

So, Mark, I just want to give you – if you're on the line – maybe a couple of closing comments. And then, we can follow up with some additional time if we need it in our regular calls that we have with the nursing homes.

Alina Czekai: Thank you, Administrator. Meg, can you please give Mark Parkinson the instructions to be unmuted? Thank you.

Operator: Mr. Mark Parkinson, you can press star one. OK. Your line is now open.

Alina Czekai: Mark, do we have you on the line?

Seema Verma: Alina, we kind of put Mark on the spot.

So again, I just want to thank you all for participating today. We will be continuing our calls to provide technical assistance and to provide shared learning from your peers.

Again, appreciate everything you all are doing and we will continue having these calls to make sure that you have the latest information. Thank you again.

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