Transcript for LTC COVID19 Update Webinar
September 3, 2020
10:00 - 11:00 a.m.

Presenters:
Wanda Lamm, Nurse Consultant II, Division of Public Health, Communicable Disease Branch
Jennifer MacFarquhar, Epidemiology Field Officer, CDC and Prevention
Sabrena Lea, Associate Director, NC Medicaid
Kimberly Clement, Program Manager, Healthcare Preparedness Program
Susan Kansagra, NC Division of Public Health
Trish Farnham, Senior Health Policy Analyst

Hugh Tilson

It's 10 o'clock so let's go ahead and get started. Good morning everyone and thank you for participating in today's COVID-19 webinar for long term care providers. This webinar is put on by the North County Department of Health and Human Services and supported by North Carolina AHEC to discuss recent updates to the state's COVID-19 response and to provide a forum for you to ask questions of DHHS leaders. As you can see we've got a full agenda today, with lots of timely information. My name is Hugh Tilson I'll be moderating today's webinar. I'm going to turn over to Wanda just a second before I do thank you so much panelists and participants for making time in your busy schedules to participate in today's webinar. Your work is really important. We hope the information presented today will help you while you do that work and will make navigating these trying times a little easier.

After today's presenters provide their updates which are your questions. We've learned from past webinars that the presenters will often address your questions during their presentations. We should have time to get to your questions. I encourage you to wait till the presenters are through their presentation before submitting a question. All participants are muted, other than the presenters to submit a question, use the q&a function on the black bar at the bottom of the screen it's a q&a function on the black bar. That's how you'll submit a question. We'll ask the questions of the presenters at the end after they've completed their presentations. We'll send all the questions to DHHS once we get through as well as a recorded recording of this webinar, and a written transcript of it. Those should all be available on the AHEC website as soon as tomorrow morning. So I think that's all I have to say Let me now turn it over to Wanda.

Wanda Lamm

Good morning. Thank you so much for joining the call this morning, we appreciate your taking the time to be with us today. And we also thank you for all of the work that you're doing every day to take care of your residents. First of all I will give the epidemiology update. The World Health Organization as of September the second said that there were 25,541,380 confirmed cases and 852,758 total deaths. In the United States, as of September 2, there were 6,047,692 total cases and 184,083 total death in North

Carolina as of September the 2 there were 170,553 total cases. And 2779 total deaths. Next slide please.

So, just a few things to talk about today there's really not a lot to update but I just wanted to bring your attention to some areas where we're receiving several questions. Evelyn Cook went over this quarantine information last for the last time we had a webinar. The web, updated was August the 16th, and remember now that quarantine is used to help someone to keep someone who might have been exposed to COVID-19 away from others. I just really want to bring your attention here to the link that is at the bottom of the screen. This is a really helpful document if you're trying to determine how long someone is supposed to be in quarantine. And one of those questions that we are getting has to do with the different scenarios that are listed there's four different scenarios in this particular document. And those scenarios each give a calendar that helps you determine the days that the person may need to stay in quarantine and away from others. So I wanted to talk about Scenario number four, which is basically you live with someone who has COVID-19 and you cannot avoid continued contact. And there's like no separate bedroom to isolate the person who's sick and you're giving care to that person and you're unable to keep that physical distance of 6 ft. That guy guidance says that you should avoid contact with others outside the home while the person is sick and then you were quarantined for 14 days after that person who has covid 19 meets the criteria to end home isolation. So you so essentially you have the person with COVID-19, the date their isolation ends and then you have an additional 14 days to and your quarantine. Next slide.

So then we also sometimes get questions about the duration of isolation precautions for adults. And that was also updated on August 16 and Evelyn discussed this on the previous webinar also so I won't go into a lot of detail on this, but I think the key here is the last bullet where people who develop new symptoms within three months may warrant retesting if alternative etiology cannot be identified. But generally, you don't routinely test or retest within three months of someone being part of that, then you can see the link to this guidance down at the bottom. Next slide please.

And then there's a lot of questions around on testing in nursing homes, and I'm going to be discussing testing that is actually related to a case of covid being identified in the nursing home, not related to the routine testing, not related to the routine testing that's being done based on CMS direction or by secretarial order. The testing in nursing homes should be implemented in addition to the recommended infection prevention and control measures and faciliies should have a plan in place for testing residents with the SARS Cov-2. Recommendations such as testing residents with signs and symptoms of covid 19 and testing asymptomatic close contacts should also be applied to other long term care facilities such as your assisted living, intermediate care for individuals with intellectual disabilities, institutions for mental disease and psychiatric residential treatment facility. You also have testing residents with signs and symptoms of COVID-19 and should be routinely monitoring them daily for symptoms. And then perform any viral testing on the resident who has signs and symptoms of COVID. Then you have the testing of asymptomatic residents with known or suspected exposure to an individual infected with SARS CoV-2, including close and expanded contacts such as when there's an outbreak in the facility. At this point you,

you do expanded testing, viral testing of all residents and staff in the nursing home. And so then as, let's move on after you've done the viral testing of all residents and staff, move on to the next slide please.

After you've tested everyone then you do repeat testing and coordination with the health department, and this repeat viral testing of all previously negative residents, generally is every three to seven days until the testing identifies no new cases of SARS CoV2 infection among residents, or healthcare personnel for a period of at least 14 days since the most recent positive results. And you can see the link there to the guidance that talks about how to conduct this testing. And then I also listed a couple of other document linked down at the bottom because there seems to be, you know questions and assisted living facilities and questions related to memory care units so these two guidance documents help you with that sort of situation. So now I'll turn this over to Jennifer.

Jennifer MacFarquhar

Hey, good morning, everyone. This is Jennifer MacFarquhar and I'm going to briefly talk about some new teams that are just in their infancy, these teams are called regional prevention support teams, and they will be established in each of 10 public health regions in North Carolina, and they will be based in one lead health department and each of these regions. The team's mission will be to strengthen infection prevention and control and long term care facilities, specifically prioritizing non nursing home facilities such as assisted living facilities and adult care homes. These teams will work with facilities to review infection prevention practices, educate staff, conduct on site visits to determine the needs within that facility. These are different from Health Care Coalition outbreak strike team, led by Kimberly Clements, and these other teams respond with a resource support for local for long term care facilities, specifically experiencing a covid outbreak. These RPS teams these regional prevention support teams are going to facilities that have not had an outbreak, again, to improve infection prevention practices, and hopefully prevent an outbreak from occurring. So, I will be working very closely with partners to show that we are working in concert together, and with facilities in order to meet identified needs of the facilities. Again, these teams are in their infancy. So as these teams come together and more information is available, we will provide additional updates. So at this time I will turn it over to Sabrena Lea.

Sabrena Lea

Thank you. Thank you. Good morning again everyone, I want to provide a brief, highlight of secretarial order number three. The secretarial order replaces the secretarial order number one that was issued on July 24. And this secretarial order pertains to nursing homes or skilled nursing facilities and nursing facilities that have home for the aged or assisted living that I want to point out that separate guidance is available for larger residential facilities, and I would invite you to use the links embedded in the secretarial order to access information about those facilities. This secretarial order does many important things for the skilled nursing facility, long term care community. It continues to have provisions for visitation in nursing facilities, under certain compassionate care situations, such as end of life care and as the opportunity for outdoors visitation, which meets certain criteria that I will highlight in just a few moments. It's important to note that the secretarial order does not remove certain requirements for

communal dining, and well it does, in fact, remove certain requirements for communal dining and internal and external activities.

In section two of the secretarial order. We understand that there are certain minimum requirements that must be in place before outdoor visitation can take place among those requirements that are, that the facility not be an outbreak facility listed on the NC DHHS COVID website. Also important to implementation of this is the requirement that the facility have a written testing plan and Jennifer spoke about that a few moments ago. Additionally facilities must have an updated written Infection Control Policy and must have a policy written policy on the plan for the provision of visitation, and that plan be shared and communicated with residents and their families. So these must have designated locations. Facilities must maintain staffing levels, without using their crisis capacity, and they must have access to adequate personal protection equipment. Facilities, exercising this option for outdoor visitation must also have the capacity to accommodate social distancing. I should point out that any alteration, or structural modification to the physical plan must not be in violation of the NC code and, and life safety requirements and must be pre approved by the division of health services regulation construction settings. Also important to this new secretarial order, are the visitation guidelines that facilities must develop and share in advance. We still recommend that the prioritization prioritization for visits be considered for those residents who are currently experiencing emotional distress. And when the health and well being are exacerbated by those physical restrictions. I think I'll pause here. There may be questions at the end of the presentation, which we will attempt to answer. Thank you.

Jennifer MacFarquhar

Thank you, Jennifer I think you're up next. Actually Sabrena covered that part so the next participant Thank you.

Kimberly Clement

Good morning everybody. So I'm just going to really quickly talk a little bit about some of the staffing concerns that we continue to see, and then a little more information on the long term care outbreak response strike teams. So we've talked about this before with some staffing gaps and sort of the Venn diagram that we take when we're looking at ways to help support with the staffing. I will say one of the things we continue to hear, and to see ourselves, is that by the time a plan is started to fill the staffing. It's already sort of behind the eight ball. It can take quite some time to get emergency staff hires in place. And we also understand that there are limited individuals out there who can be hired in the case of an emergency. So we do encourage you to look at doing that sooner. Early is always going to be a better option, and with the increased number of staffing crises that we're hearing about definitely something that everyone should be looking into and considering in how they can quickly pivot to have additional staff when needed. We have talked about before, that we do have a process set up with ECU's doctoral nurse program where they can do a connection with individuals in the state who have indicated that they are interested in working and can be hired. This connection is for the facilities to hire those individuals on. And again are individuals in North Carolina who have indicated that they are

available and interested in working, and we have had a lot of good success with, with that referral program. You do not necessarily need to wait until you're in crisis to consider utilizing that connection.

The next option that we really have are those long term care outbreak response strike teams. But I do want to be very clear these are not a rapid response. This is not a situation where we can get a request in the morning and have them there that evening. Most of them have to travel. And there are other assignments that they may be engaged in when those requests first come in. So again, this is where looking at these options early and putting a plan in place, early on is so important. We have had some success, although it is more limited and we are seeing some staffing shortages across our healthcare system and other areas such as hospitals as well. But our state medical assistance teams have stood up in a couple of situations that were very urgent. To be able to provide some staffing support. Those individuals also have a lot of other responsibilities with disaster response related to hurricanes and so those can be utilized in different ways. That is not just related to the covid response. But I think it's important that we have them in our planning elements and consider them as well. And then lastly, if we really cannot come up with any staffing options, some discussion on how to move patients to sister facilities or other locations to ensure that we have good care for the patients. So these are sort of just the five main things that we look at as potential options when we're hearing staffing concerns.

Next slide please. So I wanted to go over again really quickly just sort of what is the long term care outbreak response strike teams and how it works. These strike teams we're still onboarding, and working through some of the coordination of this but we do have a decent number of these individuals on boarded they have been deploying over the past month. There's three to five members within a certain regional area, and they have diverse certification level so it could be RN, LPN, CNA, paramedic, EMT. Those are primarily the different certification levels and different skill sets. They are receiving specific training and infection control and doing a lot of continuing education as well to help make sure that they have the skills needed to support facilities when they go in. There comprised of part time and full time clinical staff. And we do have them set up regionally at this time.

We can consider them for a couple of different options, they can be considered for short term staffing support. We're really looking at a less than 96 hours timeframe. When we so short term is really speaking to that 96 hours. We want them to come in and support with infection prevention and control measures and look for things gaps or concerns and really help come alongside administrators and staff and facilities to point out some best practices and some things that they've seen that have worked really well, and some of that educational that information has been provided to them to help when they leave after that short term staff and support leave behind some of that infection prevention and control measures information.

And then lastly, if there are some standard operating procedures or things like that that they can help the facility administration have in place or think through, they do have access to some of those resources as well. So those are some of the roles that we have put in place to have these teams come in,

so it's more than just that short term staffing support. But we really want to make sure that you know we emphasize that these are not quick turnaround time, you know, not 12 to 24 hours but they can quickly run out there. It's really, we're trying to get to more of a little bit of a planned schedule, and make sure that we can meet all the different requests and needs that that are coming to us. So that is all for my section and I apologize I don't know who is next.

Hugh Tilson

Think it's Susan. So I think this is your slide Kimberly, how to request support.

Kimberly Clement

Thank you. My apologies. Yeah, so one of the things I was asked to cover was how to request that support. And I apologize, I did not get to cover this last time. The basic outline of this is we really do want that request to go to the local emergency manager. All of these teams are being deployed under the state emergency response team, which should request from the State of Emergency Response Teams should flow through the local emergency managers. I know a lot of you are reaching out and doing that coordination with local partners such as public health, and also reaching out and talking to your healthcare Coalition's within your region. And we want to continue to encourage that coordination and that communication, if there are questions or consultation needed the coalitions are there to support that. But the official request for support really does need to flow through that local emergency manager. If the local county is unable to support with local resources that is where they would request, up to our team at the State Emergency Response desk. And we have a group stood up that we're sort of referring to as COVID Medical staffing and they'll reach out. One of the team members will reach out to coordinate those resources and have some conversation discussion about what's needed, and work to get some support. If there are additional questions or concerns I put an email address up there that our team monitors. Primarily we monitor, we do monitor 24 seven, but we are only going to answer to non urgent questions during business hours. And now I'll turn it over to Susan. Sorry about that.

Dr. Susan Kansagra

And it's actually it's -- that's going to be taken the next slide.

Cindy

Hi there, this is -- with the Division of Health Service Regulation. Thank you all very much for being on the call, we hope it provides a lot of information. I'm going to talk just briefly about the federal regulations -- that are certified. On August, 26, we received guidance from CMS through transmittal 2038 for the interim final rule for policy and regulatory provisions related to facility testing requirements, and the revised covid testing focus survey. So this slide just gives you a little bit of information about -- how to manage time and positivity rate in each county, and then the testing frequency. This has gone into effect immediately, last week, but what we're waiting on right now from

CMS is the latest, the tag, tag going along with this -- partners, -- and we are going to be doing a little bit more training on this next week. [Indiscernible] Also, on this slide -- at least the biweekly staff testing for all facilities, and [Indiscernible].

Dr. Susan Kansagra

Thank you Cindy. And as a reminder to folks, Scott Shone our state public health lab director couldn't join, but he's been sharing some guidance and advice around antigen testing. And just to reiterate some of the things he shared on previous calls. Just a reminder that the point of care antigen testing device it's really most appropriate for testing healthcare personnel or residents for example that have symptoms or when there was known exposure such as an outbreak in a facility. It's, it's less desirable to use that testing when there is no known exposure or again there's no symptoms. However, if your lab based testing strategy cannot produce timely results, then these devices are considered a reasonable alternative, but really the gold standard in a setting where there is no known outbreak or no known symptoms is really to use the PCR lab based testing. Next slide please.

And CDC has a really nice algorithm on their website. The link is down below. But if you google nursing home testing algorithm CDC this will probably pop up. This is a really nice algorithm for how to interpret antigen test results in nursing homes, based on whether you're testing symptomatic or asymptomatic personnel and, and for asymptomatic really based on whether you have an outbreak in your facility or don't have an outbreak in your facility and the way you interpret a positive or negative result varies based on that for the reasons I mentioned earlier, so I won't go through this slide and all the different possibilities but I do think this is a really helpful tool. For those of you that have started using the points of care antigen test in your facility. Next slide please.

And then just wanted to just recap very quickly about 242 sites did participate in the testing that was done via the contract with CVS health Omni care. Just to give you a sense of the overall results that came back about almost 40,000 total tests were performed the overall positivity rate was 1.3%. And then if you look a little bit more closely at that and you look at sites that did not have an outbreak known outbreak when the team went in the percent that were coming back positive was around, 0.6%, and for those facilities that had a known outbreak at the time the CVS team went in to do testing for those sites the overall positivity rate was 2.8%. So anyway just wanted to share the results of that test, the testing initiative and let folks know those final results obviously we're looking closely and we'll be learning more as we look at other states and how this is done and how results come back. You know, thinking more about, you know, the utility of doing full facility and baseline testing overall for this pandemic so again appreciate all the work there that I know many of the facilities did to accommodate those teams as well I know that was a heavy lift for folks anytime there's testing done takes a lot of coordination so appreciate that. Next slide and I will turn it over to Trish to talk a little bit about Medicaid initiatives.

Trish Farnham

Hi there. Hi, everyone. Thank you so much, Dr Kansagra, just to kind of round out the session today, we are going to give a few updates that are not necessarily Medicaid, specific, but because I'm going to be the one talking about them they're, they're under the section. So just as a reinforcement of our Medicaid values related to our COVID response. Our goal is to support the broader efforts related to supporting long term care providers and congregate care settings in general. And so the work that I'm gonna be talking about today is certainly advancing those goals, even if it's not even if they're not specific to Medicaid So, next slide.

So, as Cindy alluded to earlier, we did want to provide you all a secretarial order number two update and this group is probably very well informed on the purpose of secretarial order number two. Again it is an expectation that nursing homes conduct testing according to the cadence outlined in the order itself, and minimally as was noted earlier, every other week testing for those facilities, who were not currently experiencing an outbreak. We know that last week was a really busy week, and that there was a lot of information shared from the federal or from, from our federal partners that Cindy touched on earlier. And we know that there are some areas that really deserve analysis, between the state expectations under secretarial order number two, and those federal requirements which were published last week. Just as kind of a collective reassurance on behalf of the department we are continuing to examine and analyze the various requirements in order to think through our solutions and our strategy related to secretarial order number two and the duration of the order.

As of today, that order is still in effect. And, again, like I said, we will continue to analyze what how to, how to best move forward in the future under in light of the federal requirements but as of today, the order is still in effect. And as many of our nursing home colleagues have already done. You all have already started the registration process with the testing reporting portal that we have set up in order to accommodate the reporting requirements under secretarial order number two. And we just wanted to reinforce the message in case there was any confusion that the portal is directed at secretarial order number two, specifically, it is not in any way connected to the financial requirements, again, although from a policy perspective we are going to be examining the entire structure.

Trish Farnham

It would be using the portal to submit your information in order to reflect your compliance with the secretarial order number two, not necessarily with the federal requirements. As you all probably well know at this point, we have divided our reporting or reporting periods along the lines of testing weeks, and so testing activity for the weeks of August 17 and the week of august 24 must be reported by close of business on Tuesday, which is next Tuesday, September 8. Again, if you have not otherwise registered at this point, we were strongly encouraged to do so. Most folks actually have which is great. But we do want to make sure people have enough runway to register and then also submit the report on time. So we just wanted to give a couple of updates of some other resources that have been we've established to support providers through the secretarial order number two reporting. One is we are hosting office hours on Thursdays now, and we are hosting a modified session today in order to accommodate a call,

but we will be meeting right after this call. Many of you probably are already planning on attending but if you're not the registration link is provided here, we will be focusing on communicating, an error and confirming submissions. So, as questions come up or as we see trends and where people need support, or better guidance, we're dedicating office hour time to address those subjects.

Also wanted to highlight that at the link provided below which is on our Medicaid provider COVID website. There is a status reporting section and under that section we have created kind of a one stop shop for all of the secretary order two requirements, so just wanted to make sure folks had that aware, in case you wanted to book mark it. I think everything else I've said, oh one one final thing is given that our reporting deadline is next Tuesday. We have set up a day long of customer support where you can call the number that's listed in the table on the right. Or you can click that link, and we will be on the line available to field any questions you have and do our best to troubleshoot in real time. So, just wanted to make sure folks were aware of that that resource also existed. And next slide.

This isn't a Medicaid specific communication, we know that this information is probably being circulated among many channels. But we did want to just because apparently this communication was a little buried among our federal communication channels and so we just wanted to make sure our policy team wanted to make sure that nursing homes were aware of this announcement related to the Provider Relief Fund. Again, these, these links are hyperlinks so when you do get the actual slide deck you can hyperlink to get additional information about this communication. That was just circulated in the last few days, so just wanted to make sure you were aware of it. And I think that's the last slide, other than where to go for information so Nevin, just one more. Oh, sorry, we just try to give you all a heads up because there is so much information coming out all over the place that we just wanted to kind of elevate those special bulletins that are have been posted since our last webinar. And just as a note, we will also be issuing a special bulletin imminently about the portal and the cares act resources, just so that you have that in written form as well. So just giving you a preview of that. And now I think the last slide, is where to go if you have questions about COVID and Medicaid. And just as a reminder, we are encouraging questions about secretarial order number two, to come to the Medicaid provider reimbursement inbox and we try really hard to turn those answers around as quickly as we can. Thank you.

Hugh Tilson

So are we open for questions now. Alright, so since I got you let me ask you a couple quick questions about your presentation. Where'd they go, maybe somebody answered them. Okay I attended both trainings for reporting Covid testing. I never received anything about registering to report testing, went to the website and signed up on Monday I still haven't received anything about how to access the website so I can report what do I need to do.

A

Trish Farnham

So, send us. So, the, the registration information actually was included in the test in the, in the information, but if you send an email to the provider reimbursement email that we just highlighted on the page, we'll definitely make sure you get the information you need. It's also at the link, we would recommend you start with the starter kit that's on the web link that we mentioned earlier, but we're happy to handle it to you just send us an email.

Hugh Tilson

And is there a way to correct previous data that was submitted by the portal.

Trish Farnham

Yep, it's a great question and that's actually going to be a subject of our office hours the short answer is no. For audit purposes the record has to kind of stay as it's submitted. But we do have a solution to assist providers because we know everybody is learning this portal and we certainly want to make it flexible where we possibly can so we're gonna be talking about that on the office hours and specifics for doing so.

Hugh Tilson

Is there any way one portal can be made available to do reporting all in one place.

Trish Farnham

I think that's a great observation, the functionality that's been set up through this testing portal is is modifiable. That's a broader discussion, certainly among the, our departments leadership and strategic planning resources but certainly appreciate the question and appreciate the need.

Hugh Tilson

I have registered but I'm locked out and attempted to email the link and call there's no response for COVID-19 reporting Secretary order is there another contact for assistance.

Trish Farnham

And, yeah, I'm going to be staffing to provide a reimbursement email as soon as we get off the office hours so if you just want to shoot me an email we can definitely troubleshoot.

Hugh Tilson

I think that's all we had they were kind of immediate and timely for that. Got a couple questions about access to the supplemental staffing, let me see if I can find those quickly. So Kimberly what's the contact information for ECU staffing connection and is there a link to the emergency staff hires.

All right, why don't we see if we can get those and send them out afterwards to some follow up. Got a ton of questions about testing, before I do I'm going to try to run through a couple other just kind of general questions. Group homes can't currently allow visitors but the mandate doesn't say residents can't leave the group home. If a resident wants to return to work now what's the state's guidance.

Dr. Susan Kansagra

I can help with this one so the guidance for group homes, is, is on the website. For group homes, the guidance does allow visitation and does allow residents to leave there are certain parameters there that we should look at they should make the decisions based on the needs of their residents, but that guidance is on the long term care DHHS website. And so folks can feel free to look at it there.

Hugh Tilson

Thank you got a number of questions about can we get a copy of the presentation and that's going to be on the AHEC website. So, we are working to get those posted right now and should be available. I think if you go there now they might be there. If not, there'll be there quickly. Alright, so just about the rest of these relate to testing. How do we report Sofia test results is there a portal we can have access to for reporting.

Jennifer MacFarquhar

This is Jennifer and I'll take a first pass of that. So, for all tests results they actually should be recorded to the local health department, and the local department can then actually report those into our electronic disease surveillance system for appropriate and tracking and response.

Hugh Tilson

Got a comment that says health departments are not prepared to receive our testing numbers. Need some help and support, please, though, it's more of a comment than a question but

Jennifer MacFarquhar

Yea, we know. Yeah, everyone including our local health departments are very overwhelmed and I know that we actually at the state are are working very quickly to try to support them and entering their results as well.

Hugh Tilson

How do we report antigen test to the health department are 18 data elements required can we send the spreadsheet.

Jennifer MacFarquhar

And let's see, you know, we'll have to get back as far as, you know, the specifics but but again, whether the result is a PCR or an antigen, you know, that is reportable to the local health department and there are specific data elements that are required in order to be recorded.

Hugh Tilson

This is kind of a long question with the statement so we're experiencing false positives and staff and residents it's a big problem. No, it's not the lab we use. And it is happening in several labs we know that they're false because we're testing each week and if we have positive team member we retest twice within 24 hours. They have been negative. You cannot be negative the week prior and then test positive, 48 and 72 hours twice negative. This is causing chaos and preventing us from having outside visitation, health department says positive as a positive, the labs need some guidance from the state on who is COVID positive because they are above 30 to 35 on tests so not even sure they are carriers. There's, there's a lot more to this but how do you help navigate testing and consistencies.

Dr. Susan Kansagra

You know, I'll try to take a stab at this and then I think, Jennifer, or others, feel free to add I know our state lab director Scott Shone is not on the call today but I think next week we'll see if we can get them on because I know a lot of the questions are on testing. Right. So generally, you know, any positive is considered a positive. And the reason for that is because it's very difficult to tell whether a positive was a false positive, and certainly with any test there is, there is a false positive rate that does happen, but given that it's very difficult to distinguish and given that a test a few days later, you know, depending on the type of test used can vary so. So generally, it has been the guidance I know with two negative tests there is guidance around when health care workers can return to work. Generally, CDC has moved away from test based guidance and the guidance still says for health care workers they can return to work. If there are two subsequent negative tests. But that is something I think, would have to be a decision made in conjunction with the local health department. Jennifer others anything else to add to that.

Jennifer MacFarquhar

Yea no I think that's very well stated and, you know, just again to highlight the point, you know, antigen, particularly as, you know, run under certain circumstances do have a high false positive rate.

Dr. Susan Kansagra

Yeah. And if, if, and actually that's a good point Jennifer because if that initial test where the person was positive was an antigen test again if you look at that flowchart, we'll talk about what you do to confirm that. If that initial test was a PCR test then. Then again, that's, it's a little bit there the guidance is much more clearly that a positive as a positive the antigen test though does have more concern about false positives and false negatives, and again that flowchart should help with some of the decision points on that and whether a confirmatory PCR test needs to be done.

Hugh Tilson

Thanks. We need a definition of facility acquired covid positive if we have no other covid positive in a facility and have a staff member test positive is that facility acquired. What about if we have a large facility with several households and have two team members test positive but did not come in contact with each other and there's no other covid positive in the facility. How do you, how do you define facility acquired covid positive.

Jennifer MacFarquhar

Yeah, this is Jennifer, that that and others are definitely welcome to jump in. You know facility onset is actually defined within CMS, the CMS. I think the document from May 18 if my memory serves me correctly. So it's defined very clearly within that basically that that case is not imported. Specifically, I think that's easier to kind of quantify for our residents, but with staff members it's a bit more challenging, but again it is very clearly defined by CMS, and we understand that there are some challenges with with staff members in particular because they're exposed to the community but you know if there is a positive staff member then you know obviously testing screenings should be conducted in the facility to assure there's not transmission, and Hugh you can correct me for follow up if I've missed anything.

Hugh Tilson

That's good. A related question what is, what if we have a resident readmitted to a nursing facility. Negative on day one than positive on day five but no team member that came in contact with the residents are positive. Is this facility or hospital or community acquired.

Jennifer MacFarquhar

So we're gonna, I think I'd refer back to, to that definition that CMS provided and I actually don't have it in front of me but I think it says within 14 days. So again I would want to go back and verify with that and Cindy or Wanda or somebody else might might actually have that information.

Wanda Lamm

Hi this is Wanda, I actually have the CDC testing guidance document in front of me, which also does give a definition of nursing home on set as far as SARS CoV2 infection and couple of bullets there says that residents who were placed into transmission based precautions on admission and develop SARS CoV2 to infection within 14 days after admission would not be considered a nursing home onset, because the 14 days being the incubation period. The other bullet that says would not be considered nursing home onset, would be residents who were known to have COVID-19 on admission to the facility and were placed into appropriate transmission based precautions to prevent transmission to others in the facility.

Hugh Tilson

Great, thank you. Because a couple questions Who determines whether there's an outbreak in the facility and how is that communicated to the state.

Jennifer MacFarquhar

So this is Jennifer and I'll take that again so an outbreak is defined as two or more cases in a facility. And it is the responsibility of the local health department specifically that responsibility is given to the local health director of that county to report that. And so it is actually in our administrative code so it's a legal mandate, a legal requirement for the local health director to report that to us.

Hugh Tilson

My facility is closed with a zero census, but still licensed Do I have to report.

Cindy

This is Cindy not sure what I don't quite understand the question so I don't know if they can type a little bit more.

Dr. Susan Kansagra

That might be a question also for Trish for the Medicaid reporting. I'm sorry for the reporting.

Trish Farnham

Yeah, I think. I think a similar question was asked actually on an earlier call, and if you don't have any if you don't have a census obviously you're not going to be doing any testing activity. I think we actually

owe communication about, so do the facility and an active facility need to actually submit anything to note that. So, let me, let me take that back to talk with our licensure team. Because if it's a if it's a licensed facility that's not active we would need to coordinate that answer.

Hugh Tilson

Antigen test was positive and two PCR tests were negative within 24 hours our local department consulted with state and confirmed with the staff was not considered positive. How soon does the NC DHHS website update to reverse the outbreak status.

Jennifer MacFarquhar

This is Jennifer and I'll take that again so we work to update our website twice a week. So as soon as we have that information, the local health department has, you know appropriately updated our electronic disease surveillance system and then you know we pull that data so again we update it twice a week so hopefully in a couple of days, it'll be updated.

Hugh Tilson

To the earlier question. It's a SNF and we are currently closed we are required to report, or we, we are required to report weekly to NHSH.

Unknown Speaker

This is Cindy the issue with closed facilitate and again I'm not sure which one this is and I'll have to follow back up with that. But as far as NHS -- that, if, if it's not reported the facility would have already received the letter --

Dr. Susan Kansagra

You've broke up there a little bit.

Cindy

I'm sorry. Thank you Susan. Can you all hear me better now. Yeah, that's better. Okay, I apologize my internet connection is not good. A licensed only facility is not reporting to NHSN if they're a certified facility, then they would and that was that was where the, I needed more clarification because licensed only they are not --.

Hugh Tilson

I think we got what we needed although we did lose you towards the end, let me move on. Are we required to have a standing order to test our employees.

Dr. Susan Kansagra

I can help with that. You, you don't need to have a standing order there is a there is a also a statewide standing order from our state health director, that could be used certainly medical director as needed can write orders for residents. In some cases, they've written it for staff but I know that it certainly not required or needed.

Hugh Tilson

Skilled nursing facilities typically have eye doctors and dentists come to their facilities for routine eye care and dental care for most of their residences, this hasn't occurred since March, when are we allowed to resume this.

Cindy

This is Cindy and I didn't have an answer, did not go through on that, Nevin in the chat box. Anybody that requires, well certainly people can start going out to the eye visits and dental visits that have appropriate PPE. If there is any kind of emergency, eye visits and dental visit should have been being done within the facility or the residents should have been sent out --.

Hugh Tilson

Thanks, there's a follow up about standing orders as new CMS guidance states to have standing order for residents and staff. So, would the state standing order not be adequate for that.

Cindy

And I can answer that and also Susan, Dr. Kansagra you may want to also answer that, yes, we would and that will be part of the clarification that gets provided, we do the clarification exclude the CMS but the standard order that Dr. Kansagra just talked about are --.

Hugh Tilson

If we are in a county that has to test two times per week to follow CMS rules do we report to the portal two times a week. Or do we only report bi weekly according to the state requirement for COVID negative facilities.

Trish Farnham

So this is Trish I'm going to answer that because we've provided some guidance, not related to the order or the federal requirements itself but just for other facilities that are voluntarily doing more than the minimum under the order. We've said, you are encouraged to show your work right you're encouraged to show what your testing activity actually is that helps in our analysis, you are required to minimally report. The, the minimum threshold under secretarial order to that you have certainly the support and encouragement to submit more if, if you were doing more testing. So we would follow that same logic here. Cindy is there anything you want to add or clarify.

Hugh Tilson

With regard to the outbreak list if we test contractors, like for example drivers contracted therapist etc. and they're positive, or those attached to our facility then posted as an outbreak.

Jennifer MacFarquhar

This is Jennifer and that's a good question and one that we've actually talked about internally. So I might need to get back with you with the final answer but I believe in previous discussion. You know when we have conducted the contact tracing. And if it has been determined that those persons have not entered the building, or, you know, really come in contact with any other staff or or residents of the facility they have not been associated with the facility but again, that's a question that I would like to get back to you on

Hugh Tilson

Pivot a little bit for PPE requirements for outside visitation, would they need to wear a face shield.

Jennifer MacFarquhar

I'll take a stab at that and anyone else feel free to join to jump in. According to the Secretary order number three. It is outlined and the're the prevention measures that should be taken, taken into consideration. And is that person's staff and residents should wear face covering is tolerated at all times. So, so that's the, what is specifically stated in there so it's not necessarily a face shield but a face covering.

Hugh Tilson

Can you point me to the documentation for what needs to be in place to use N95 masks.

Jennifer MacFarquhar

This is Jennifer again and, you know, Wanda feel free to jump in. So, and then the five should be used for aerosol generating procedures, and that is actually outlined on the, on the CDC website and if, if we need to provide a link we can certainly do that right

Wanda Lamm

Jennifer I agree with that. And also, as far as exactly what needs to be in place I would say the OSHA website would talk about the respiratory protection program and so forth. And I believe CDC also has some information on that.

Hugh Tilson

Thanks got a question says, you just had a question about updating the outbreak list after retesting should be inaccurate and however you also have said there are no false positives. We've had two residents who were told, were overwhelmingly indicative of a false positive but we're told that we have no recourse. How do we get the same adjustment the prior discussed facility --.

Dr. Susan Kansagra

I'll take a stab at this and then Jennifer, or others please chime in, but I think in that situation that Jennifer was referring to and that was a point of pure antigen test that was initially done in there the follow up test was a PCR confirmatory test and as you can look at that flow diagram. You know the PCR test is a gold standard I think in the situation being asked about earlier, the PCR test was the first test that was done that indicated the positive. So that's the difference in the two situations that were being discussed.

Hugh Tilson

Thanks got some follow up question about the routine visits for eye, dentla and podiatry says the question with regard to routine visits not emergency visits, I guess, any guidance on when we can resume those routine visits.

Cindy

So, as far as basically saying that I provided for - if and with the vision that most certainly people need to have care, and they need the routine dental care they need routine vision care that that's part of the care that facility should provide. So, Most certainly those, if they can't go out to get it, then they can be provided in the facility. From the standpoint that if if people can't see your their glasses may need to be

updating or -- then that should be allowed. But everyone that comes in needs to be screend monitored and need to be following, and utilizing the appropriate.

Dr. Susan Kansagra

Yeah. If I can just add to that. Cindy thanks for the explanation just because you were cutting out just to add to that that the exception, especially for skilled nursing facilities the exception on visitation is now you no exception for any compassionate care situation, exception for essential health care personnel so these types of personnel can be considered essential health care personnel and exception, you know for outdoor visits per the guidance that was discussed earlier so again for these these, you know, they're delivering care that can be considered essential health care personnel.

Hugh Tilson

Just about out of time let me just ask one more quick question, nursing homes without negative pressure room should not be using nebulizers correct on the quarantine hall.

Cindy

And Dr, Kansagra if you could also you want to say about this but there is no, the federal regulations do not say that. So, um, it's gonna come down to what the facility is able to manage. And also, what kind of PPE supplies they've had because there most certainly has to be --. You do have to have the N95 mask for that. Dr. Kansagra if you want to add anything to that. The federal regulations say that a negative pressure --.

Evelyn Cook

Hugh this is Evelyn, I'll just chime in on that one. So, in the long term care facility if you're performing an aerosol generating procedure. Then the staff should, you do not need a negative pressure room, the door should be closed. The staff performing the procedure or anyone, any other staff members in the room should wear in N95 respirator, they should have been fit tested for that respirator. And then after the procedure is complete, all the surfaces in the room should be wiped down with your disinfectant wipes. So in long term care a negative pressure room is not required that those other safety measures should be implemented.

Hugh Tilson

Thank you. So, it's actually a little after 11, and I'm gonna just cut us off, great conversation thank everybody so much both panelists and participants for making the time, and really for the important work that you do every day. Susan let me turn it over to you for any final comments.

Dr. Susan Kansagra

Great. As always, thank you so much you and thanks so much to the team out there on the ground doing the incredibly hard work, we appreciate everything you're doing I hope you all get a chance to have a little bit of break over this weekend. But again, appreciate everything and we'll see you again in two weeks. Thanks. Thanks everybody.