

LNHA Agency Liaison Meeting | MINUTES

November 10, 2020 | 2 p.m. | Zoom Meeting

Committee members:

Jamie Shelton (Central Management),
Stephanie Marriott (Priority Management),
Marcus Naquin (Hammond Nursing Home),
Lannie Richardson (Central Control),
Tara Roberts (Nexion Health), Dale Hewitt
(Senior Village), Tanya Procell (Pathway
Management), Phyllis Chatelain (Lakeview
Manor), Steven Boulware (Priority
Management)

Staff members present:

Mark Berger, Wes Hataway, Karen Miller

Guests present:

Cecile Castello (LDH), Chief Butch Browning
(Fire Marshal), Bernadette Roberts (Fire Marshal)

Indoor and Outdoor Visitation

Louisiana Fire Marshal Butch Browning provided information regarding the use of space heaters in outdoor visitation areas. He emphasized the importance of using nationally recognized/UL equipment. LNHA shared the handout provided by the Fire Marshal regarding heater safety.

Cecile Castello with LDH spoke regarding her department's observations regarding visitations. She said the number of inside visits currently occurring at facilities is roughly equal to the number of outside visits. She also said that guidance regarding visits is broad and that a facility should ensure its policy addresses the parameters of when and how visits should be conducted.

The majority of deficiencies related to visits have been related to improper usage of PPE. Ms. Castello stressed the importance of proper PPE usage at all times and the critically important role it plays in infection control.

Mr. Shelton inquired how LDH will handle visits out of the facility during holidays. Ms. Castello said CMS is expected to draft guidance addressing the issue. She also said all facilities should adopt policies which should address residents leaving the facility during the holidays and the expectations for instruction, monitoring, and/or isolation upon their return.

Ms. Castello noted LDH state surveyors are continuing to utilize PPE, social distancing, etc. to ensure safe survey visits. Nursing facility staff should continue to screen surveyors as they would other staff.

CLIA Reporting

LNHA inquired about updates regarding what is expected of facilities using point-of-care machines to test residents, staff or visitors. LDH noted every test must be reported (positive and negative) to both OPH (state) and NHSN (federal).

LNHA Executive Director Mark Berger noted that the CDC NHSN Portal is working on a pathway that will allow facility staff to report test results both to NHSN and the state at the same time. A nursing facility must have a SAMS Level 3 to access this NHSN portal pathway. Once it has been determined that a facility has the requisite level of access, it will receive a notification stating it is only required to report results once rather than the current practice of reporting to both OPH (State) and NHSN (federal).

Time Between Infection Control Surveys

LNHA noted that the infection control surveys may occur at more frequent intervals than traditional surveys. When asked if facilities are expected to complete plan of corrections in a shortened time frame, LDH noted that the timeline for response and plan of correction remain the same.

Monitoring Metrics for Infection Control Surveys and ICAR Visits

LNHA inquired if the triggers for an infection control survey or ICAR team visit are the same. LDH noted that the triggers remain the same as follows:

- Three or more suspected or confirmed cases in a week results in a focused infection control survey
- Three or more cases each week for two consecutive weeks results in a remote ICAR visit
- 15 cases in a week results in an on-site ICAR team visit.
- 30 or more cases in a week results in an on-site CMS and OPH HAI team visit

LDH offered to provide the committee with the root cause analysis tool which has been utilized by LDH during surveys. The tool will help facilities understand the scope and substance of the surveys.

Issues Regarding Testing of Staff and Residents

LDH stated they have not seen any issues with testing of staff and residents.

Resident Isolation Practices

Ms. Castello said that the policy for returns from the hospital outside of the 90 day period remains unchanged. The same protocols which are followed for a new admit should continue to be followed.

It was noted that dialysis patients should not automatically be placed into isolation for 14 days upon return to the facility. Instead, Medical Directors for facilities should adopt policies for monitoring and observation of these individuals upon their return.

Clinical Training for Nurse Aide Training Programs in Nursing Facilities

Ms. Castello noted she received positive feedback from training programs regarding eagerness to resume the programs in nursing facilities and hopes facilities will give considerations again soon to provide increased opportunities again for nurse aids to gain some experience.

A committee member clarified that a student's positive COVID-19 case would count as a positive case of a staff member for the facility.

A committee member noted that one of the biggest challenges is to have to get it approved by LDH even if it has been previously approved in another facility. The member suggested choosing a few programs to approve to eliminate the challenge. Ms. Castello said she will explore that possibility to streamline the process. LDH will also research the possibility of allowing the facility to provide the classroom portion of the certified nurse aide training virtually.

Common Issues Cited During Infection Control Surveys and Traditional Surveys

LDH has completed more than 800 focused infection control surveys since April. Some were done onsite and many virtual. Improper use of PPE is the primary issue; not following protocol; proper disposal, donning and doffing, etc. LDH is doing some recertification surveys and noted it will likely take 18-24 months to catch up. LDH also noted that the most common complaint survey deals with abuse and neglect/negative outcomes.