

Maplewood Running list of Pandemic Efforts

Baseline practices include a fully developed Disaster Plan that includes Emerging Infectious Disease planning, disaster supplies, short staffing plans etc....Each morning, leadership meets. Starting the week of 3/9-13: added a pre-meeting with Infection Prevention nurse, Employee Health nurse, Administrator and Director of Nursing; Medical Director and ALF Administrator also attend when able:

Relative to COVID-19: here are measures Maplewood has been working on since January:

Jan:

- Monitoring news about a Novel Virus (COVID-19) emerging in China.

Jan-Feb:

- Discussed Disaster Drill planning on Emerging Infectious Diseases.

Feb:

- Staff education boards focused on Novel Coronavirus (COVID-19).

March 1:

- Bureau of Infections Disease Control issued info about COVID-19.

March 2-6:

- Measured Disaster Plan inventory.
- Staff memo about COVID-19.
- Resident/family letter sent.
- Staff/visitor and resident education at main entrance.
- State-wide and National call-ins.

March 4:

- Center for Medicare and Medicaid Services issued “actions to address spread of Coronavirus.

March 5:

- Met with County Administrator, Nursing Home Administrator and Finance Director.

March 6:

Department Heads meeting:

- Review preparations.
- Review emergency supplies on hand.
- Reviewed consulting with our Infection Prevention nurse.
- Exploring alternative communication options for families.
- In addition to increased disinfecting on frequently touched surfaces, added additional aromatherapy measures:
- Directed Department Heads to review relevant Disease Prevention policies and prepare to prioritize essential functions.

- Cross training discussions.

March 6:

- Update #6 from Bureau of Infections Disease Control.

March 9-13:

- Visitor screening preparations.
- Construction staff screenings.
- Initiated voluntary visitor reductions.
- Setting up a special room near the entrance for visitation.
- Updated and posted hand washing signs everywhere.
- Additional training posters on proper cough/sneeze etiquette including instructions on proper hand washing.

March 10:

- Preparing technology devices (Face Time, Skype, Messenger) received more updates on COVID-19 guidance from Center for Medicare and Medicaid Services.

March 11:

- Met Medical Director to discuss plans/updates.
- Implemented voluntary request for no visitation.
- Funneled to one entrance and additional screening tools.
- All renovations on our 1st floor halted.
- Active screening planned for any contractor to do necessary work in any resident occupied area
- Assured negative pressure in old section under renovation.
- Implemented 'no pet visitation'.
- Sent another letter to residents/families.
- Social services called all primary contacts (families/guardians).
- Medical Director listened to The Society for Post-Acute and Long-Term Care Medicine (AMDA) call.

March 12:

- Implemented active screening and hand wash to each construction worker prior to going on occupied resident floor.
- Changed deliveries/mail to eliminate/minimize staff contact.
- Participated in a state-wide conference call.
- Prepared for ability to lock all doors down.

March 13:

- Implemented **no visitation** (except if Center for Medicare and Medicaid Services criteria met).
- Locked all doors down: staff able to use key cards: doorbell intact.
- Social services called all primary contacts again.
- Met with Department Heads (Maplewood Nursing Home and County) and full nurse leadership team.

- Directed all Department Heads to monitor inventory and send me weekly updates.
- Discussed active screening for anyone entering building.
- Remote working opportunities discussed.
- Discussed taking personal responsibility for professionalism in recognizing our work with a very vulnerable group of individuals – and as such we need to consider choices and decisions we make when we are not in the building: avoid groups and travel.
- March 13 later: NH Governor declares a State of Emergency: orders all Skilled Nursing Facilities and Assisted Living Facilities to stop all non-end of life visitation as of midnight 3/15/20.

March 13

- Even later: President declares a State of Emergency.

March 14:

- Center for Medicare and Medicaid Services ‘revised’ guidelines dated 3/13 received: Director of Nursing/Infection Prevention and admin worked to interpret.

March 15: Admin, Director of Nursing and Infection Prevention met to:

- Plan the roll out of full employee screening.
- Halted group activities.
- Initiated alterations to resident dining.
- Halted non-emergent medical appointments.
- Halted hair salon.
- Sent list to activities as possible 1:1 option.

March 16:

- Met Medical Director to update on recent actions.
- Active screening being fully implemented all shifts.
- Active screening implemented on any contractor – limiting movement to only necessary locations.
- Discussed telehealth options.
- Training the trainer to increase staff screening.
- Rearranged café to achieve social distancing (solarium option).
- Staff able to eat in offices directed to do so.
- Initiated staff food options to be pre-packaged.
- All residents have daily temp checks.
- Kindles arrived, being prepared for each unit.
- Met with Fire Chief on protocols for their response to our campus.
- Initiated hand hygiene audits on all staff.

March 17:

- Medical staff meeting focused on Infection Prevention and COVID-19.
- Director of Nursing sent letter to all nursing staff with updates.
- Offered telehealth option to our Geri-Psychiatrist: we will initiate next visit.
- Working with NH Association of Counties and NH Health Care Association to request additional Department of Health and Human Services waivers:

- Bureau of Elderly and Adult Services (BEAS) BEAS/CBC issues
- Dementia training
- Child care challenges posed due to school closures

March 18th

- New auto attendant messaging system in place.
- Reached out to Dentist to plan urgent needs management.
- Sent Department Heads letter to disseminate with all staff to update.
- County Department Heads meeting.

March 19th

- New kindles with simple instructions laminated sent to floors for additional communication means with families.
- Assisting Sullivan County nursing home due to sudden health event of their Nursing Home Administrator (NHA): supporting that Director of Nursing to act as interim NHA.
- Teleconference with all other County Nursing Home Administrators: sharing best practices.
- Focused on managing inventory and generating ideas for alternatives.
- Discussing safeguarding specific inventory (shortages).
- Offered our 25 bed frames/mattresses to Cheshire Medical Center for surge preparation.
- Implementing Commissioner's new directives on travel, earned and sick leave due to COVID-19 (monitoring President's Family Medical Leave bill).

March 20th

- Confirmed with dentists: no on-site visits unless emergent.
- Cancelled any upcoming podiatry/vision/hearing work visits.
- AMDA issues a letter discouraging COVID-19 naïve facilities from admitting COVID-19 diagnosed patients
- Any identified 'life safety' will be only reason for contractors in occupied space – including staff only spaces.
- Department Heads meeting to review events/planning/inventory of the week.

March 21st

- Public request for home-made face masks.

March 23rd

- Distributed parameters for when ill staff can return (per CDC).
- Met with Medical Director to update on developments.
- Reviewed maintaining min 6 feet but ability to provide 'hallway bingo' or other activities.

March 24th

- Added unexpected loss of smell/taste to our screenings.
- Met with Medical Director with updates.
- Drafted a 3rd family letter to go out.
- New Center for Medicare and Medicaid Services directives: set meeting 3/27 with leadership team.

March 25th

- Formalizing in writing how to handle food families are bringing into the entryway to be given to their loved ones (verbal up 'till now).
- Adjusted staff response for certain codes (keep staff same floor).
- County Department Heads meeting.
- Preparing letters to all staff as essential workers (working papers).

March 26th

- Signed nearly 300 working paper letters (surrounding states have stricter stay at home, some workers live in bordering states).
- Penned updated letter to staff with all relevant updates.
- Teleconference with all other County Nursing Home Administrators: sharing best practices.
- Governor announced that NH would activate "stay home" 3/27/20.

March 27th

- Met with Infection Prevention team to review new Center for Medicare and Medicaid Services CV-19 focused survey documents: created audits to be initiated immediately.
- Listened to the call with state epidemiologist for updates.
- Set up new system of communication between ES and Admin/designee to augment sanitation when ES staffing affected.

March 28-29

- Ongoing efforts to recruit more volunteers to make home-made masks.

March 30th

- Focusing on glove stock diminishing: seeking food service gloves.
- Met with Medical Director about local hospital's efforts.
- Launching direct care to wear home-made masks.

March 31st

- Began having direct care staff wearing masks on res floors.
- Center for Medicare and Medicaid Services issued several new directives – working on all at this time including moving residents to accommodate a hallway for admits.
- Initiated second screening for staff staying longer than 8 hours.
- Updated our return to work/screening tool.
- Reviewed newest Center for Medicare and Medicaid Services guidelines.

April 1st

- Writing up process for masks.
- Checking weekly inventory levels.
- Writing up protocols based on American Health Care Association (AHCA), CDC, Center for Medicare and Medicaid Services, The American Medical Directors Association (AMDA) in preparations for positive diagnosis in the building someday.
- Congressman Pappas conf call.

- County Department Heads call.
- Federal conf call.
- Reviewing/integrating AMDA information/recommendations.

April 2nd

- Call with CEO of Cheshire Medical Center to streamline testing process.
- Infection Preventionist found a way to order our own tests (3).
- Preparing that all staff begin wearing masks while on units.

April 3rd

- All staff now (not just direct care staff) to wear masks on resident units.
- Working with our HOC Superintendent, our Sheriff, County Administrator, found another source for ordering tests.
- Reviewed Center for Medicare and Medicaid Services guidelines written 4/2.
- Ordered additional masks out of Illinois.

April 4th

- All staff wear masks in all locations when at Maplewood Nursing Home.
- Reviewed Department of Health and Human Services guidelines written 4/3.

April 6th

- Completed necessary documentation with Sheriff and medical director to order our own test kits: set up a system in county.
- Met with/updated Medical Director: reviewed planning to date.
- Divided the scheduled conf calls for the week between leadership for full coverage of the multiple different local, state and federal calls.

April 7th

- Updated the screening for any contractor needing to come inside for life safety or other work deemed necessary – added more questions including education.

April 8th

- Met with Medical Director, Admin, Director of Nursing, Infection Preventionist and Employee health to update Department of Health and Human Services recommendations around masks and PPE: made further steps/plans for use (much ‘on order’ but new guidelines for gowns means we need more – difficult to place orders – much price gouging).
- Delivery from National Guard of some PPE received.

April 9th

- Ordered gowns out of Bedford – shipment could take 3 weeks.
- Putting additional Policies & Procedures in place for isolation unit if needed.

April 10th

- Initiating cloth masks on Therapeutic Living Center unit with residents today (sufficient supplies now available to begin rolling out with residents) roll out will continue to other floors over next coming days.
- Met with/updated Department Heads to this week's initiatives and work.

April 11th

- Met with Senator Sherman and the NH Association of Counties Nursing Home Administrators affiliate to talk about an initiative in our state to begin daily centralized reporting in an effort to move towards more testing/monitoring and oversight. Goal is to create universal testing of staff/vendors to prevent the virus from entering Long Term Care.

April 13th

- Met County representatives at Keene State Counties to finalize arrangements between the county and the college for use of dorm rooms for employees who could be affected (exposure to and/or positive COVID-19 case).
- Met with Medical Director and infection prevention team to update since last week
- New Medical Examiner instructions: reviewed with team.

April 14th

- Governor announces stipends for long term care workers.
- Began the reporting the daily updates to Senator Sherman's task force.
- Department of Health and Human Services updates its guidance on masks, testing, etc.

April 15th

- Several conf calls related to County and State initiatives.
- County reviewing how to operationalize the State's stipend initiative in addition to other supportive payment initiatives.
- Sent another letter to families with general updates and some education about pre-symptomatic and asymptomatic carriers to begin preparing for eventual resumption of visiting – though this has not been mentioned either by State or Feds. Want families to understand risks we will always face until there is a vaccine.

April 16th

- Worked with counties to prepare questions re: new state stipend.
- More new guidelines from the Medical Examiners: integrated info in to our disaster plan.

April 17th

- Board meeting with NH Health Care Association, then the sector partnership – need to get Licensed Nursing Assistants (LNA's) trained (either the Federal waiver, or ongoing usual training).
- Department Heads meeting to give updates from the week: discussed inventory and residents now wearing masks (when tolerated): discussed stipend.

April 18th

- NH Association of Counties working with county Nursing Home Administrators to see if we can pool our resources to order PPE (min orders are too much for one facility).

April 20th

- New Federal requirements for reporting cases in specific timelines and certain scenarios – in addition to public health and state survey, now we must also report to CDC and within 12 hours to residents/families.
- Updating forms, policies and further planning due to new Center for Medicare and Medicaid Services requirements.
- Senator Shaheen conf call.
- NH Association of Counties conf call re: PPE ordering.
- State wide call with Bureau chief re: new Center for Medicare and Medicaid Services reporting requirements and discussion about Federal Infection Control survey last week at a NH Skilled Nursing Facilities.

April 21st

- Team met at length re: new Center for Medicare and Medicaid Services requirements (though actual rule is not yet finalized) to ensure our system can identify, track, and be able to notify within the 12 hours as is being implemented.
- Team also reviewed again the new COVID-19 Focused Survey for Nursing Homes document to recheck what we've implemented against the self-audit tool.

April 22nd

- Notified mid-morning of a positive part time non-direct care staff having tested positive for COVID-19.
- Alerted residents/family reps within 12 hours.
- Began alerting staff.
- Worked with County Admin to initiate a press release.

April 23rd

- County Admin sent press release to Sentinel.
- Continued alerting staff.
- Finance corresponded with staff to update on status of stipend – the application has been put in, not fully clear on certain admin positions.

April 24th

- Department Heads to update as to this week's overview.
- Received surgical masks from State this week. New process developed to begin Monday to give direct caregivers additional masks each day – 2 surgical per shift plus the cloth mask to extend the wearing of the surgical masks for routine wear on resident units through April 28th per public health.
- Department of Health and Human Services desk review survey on Infection control: recommended we add new symptoms to screening for employees.

April 26th

- New CDC symptoms added.

April 27th

- Talked with Department of Health and Human Services and then added all new screening questions including the new CDC as recommended yesterday.

April 28th

- Implemented the new screening sheets and new questions.

April 29th

- Sent new weekly family letter via email for families who agreed, called all other families per new Center for Medicare and Medicaid Services regulations (final Center for Medicare and Medicaid Services rule yet to be received).
- Found a comparable soft surface cleaning product to order due to back-orders of our usual products.
- Registered for Juvare state Long Term Care beta group database.

April 30th

- New staff letter going out with checks with recent updates.
- New Center for Medicare and Medicaid Services requirement for reporting into a CDC portal for National Healthcare Safety Network (NHSN): webinar for how to enter data.

May 1st

- Listened to second CDC portal webinar to learn how to register for the new National Healthcare Safety Network (NHSN) reporting requirements.
- Center for Medicare and Medicaid Services still has not published its final rule regarding resident and family notification. Today, there is an update from the original language directing us to report a positive case within 12 hours: it is now changed to 'by 5pm the next calendar day'.
- Bureau chief updated administrators regarding the aggregate of all the Center for Medicare and Medicaid Services waivers currently in place. There remain some state-based rules that impact our ability to allow for some waivers including some training rules for LNA's in our state more strict than Federal rules.

May 4th

- Began registration for new CDC/Center for Medicare and Medicaid Services reporting requirement.
- State of NH Juvare reporting platform is fed into National Healthcare Safety Network each day, it may be that data entry we do into the Emergency Preparedness and Response system (Juvare) may be able to be recognized and meet the new CDC/Center for Medicare and Medicaid Services reporting requirements.

May 5th

- Applied for National Healthcare Safety Network (NHSN) per Center for Medicare and Medicaid Services requirement, now awaiting the required document from System for Award Management (SAM) to proceed to the next step of the application process.
- New daily webinar added to our prior education/webinar schedules.

May 6th

- Weekly letter out to families.
- Wrote a new letter from Admin and Medical Director to staff: state beginning to re-open, but staff need to continue limitations.
- Updated some policies and created a Pandemic 2020 override policy due to the frequent changes in guidance or rules applicable to long term care.
- Completed the System for Award Management (SAM) enrollment requirement for CDC reporting.

May 7th

- Department of Health and Human Services Commissioner announced late on 5/6 that all nursing homes will soon test all residents, then staff. Began preparations for this upcoming event.

May 8th

- Received a substitute product for disinfecting fabrics (room separation curtains), Safety office procured Safety Data Sheet sheets.

May 11th

- Trained in Juvare system (had been using a few weeks already).

May 12th

- National Nursing Home week: came in midnight to thank 11-7 staff personally and give a little gift (unable to offer special meal celebration at this time).
- Still no receipt of ordered PPE supplies: arranged with the state who was able to send us 2700 disposable gowns to help immediately.

May 13th

- Sent weekly update letter to residents/families.

May 14th

- Registered through Juvare to National Healthcare Safety Network (NHSN) so that we can enter data only once into the state registry and have it gone directly to CDC in order to streamline reporting of the exact same data more than once.
- National Nursing Home week: stayed through the evening to thank 3-11 staff personally and give a little gift.

May 15th

- Checked National Healthcare Safety Network (NHSN), log into Juvare did not self-populate the NHSN database. Completed data entry into NHSN to ensure we avoid financial penalties: did receive confirmation that NHSN was successful.
- National Nursing Home week: thanked 7-3 staff personally and give a little gift.

May 18th

- Review of recurring weekly tasks new due to COVID-19.
- Daily meeting with medical staff to review anything new.
- All weekly calls divvied up between administrator and nurse management team: some calls conflict with other important calls, State level calls have been more productive/informative than others that are national and tend to be general.
- Weekly Department Head meetings to review all new items.
- Weekly letters to residents/activated representatives.
- Weekly updates and reviews of inventory levels including PPE and cleaning supplies affected
- Ongoing infection prevention audits/education.

May 19th

- Backordered PPE (masks finally arrived).

May 20th

- County Department Heads.
- Weekly update/letter to families.
- Added all prior family letters to County Website.

May 21st

- Backordered PPE (gowns finally arrived for pick up in Bedford).

May 22nd

- Drill with Sheriff and Safety Officer to trial Keene State College dorm use.
- Department Heads meeting: updated info from state, implemented some recommendations immediately, will follow up next week on additional competency development on screening as suggested.

May 26th

- Prepared next family letter.
- Still awaiting testing supplies for all residents/staff: making plans to manage this task
- Ongoing work on finding new PPE distributors due to our usual large distributors not being able to meet our needs: still requesting PPE from the state to ensure we have additional supplies until we can be assured our usual supply chains return to being responsive to meet our needs.

May 27th

- Weekly call with public health brought new clarifications that we will institute immediately (resident must wear mask to go outdoors).

May 28th

- We believe sufficient surgical masks are now available to sustain use of these with staff on units interacting with residents, will launch beginning May 29. Source control will continue for staff who don't interact as closely with residents.

- Reached out to Commissioner of Department of Health and Human Services as we still have not received our test kits for residents and staff: indicates they are being mailed.

May 29th

- New masks procedures launched: will monitor inventory levels to ensure it's sustainable.
- Department Heads: County Administrator met with Maplewood Nursing Home Department Heads.

May 30th

- Testing kits arrived from state: plans to implement all resident testing set for 6/1.

June 1st

- All residents tested by nurse management team.
- Working to set plan for staff testing. Prepared and will send letter for minor employees to get consent for testing.
- New Center for Medicare and Medicaid Services requirement announced that all facilities must have an on-site survey before July 31 or states will face penalties affecting nursing home funding available.

June 2nd

- Began testing staff.

June 3rd

- Continued testing staff.
- Sent updated family letter.

June 4th

- Staff letter updating about testing this week and reminding about Keene State College dorm availability to county under certain circumstances.
- On-site survey by state Department of Health and Human Services to comply with new Center for Medicare and Medicaid Services requirements. Sent in required documentation, will receive our 2567 report after they complete their full review.
- Researching with Medical Director to determine if there may be a rapid test available in the future to further prevent any asymptomatic person from entering Maplewood Nursing Home – not sure if one exists to meet the specific needs Skilled Nursing Facilities would have and would be allowable under our Clinical Laboratory Improvement Amendments (CLIA) lab waiver.

June 5th

- Department Heads meeting to review completion of resident and staff testing and the plan for our approach over the w/e to alert all residents, families, staff if any positive cases are identified through our testing that has been ongoing this week (some staff only work weekends, so testing of all staff won't be completed until 6/6).

June 6th

- Received all nursing home resident test results = all negative: sent correspondence to resident representatives.
- Completed 100% staff testing (only exceptions are per diem staff who have not recently worked, nor will work soon).

June 7th

- Received all Assisted Living Facilities resident test results = all negative: alerted Assisted Living Facilities Administrator.

June 8th

- Approx. 50% staff testing results received = all negative.
- Working to get Mako Labs registered to initiate the surveillance testing of 10% residents and all staff every 10 days.
- Reviewed the May 28th Department of Health and Human Services toolkit with the Medical Director, DNS and infection preventionist to ensure all Maplewood Nursing Home practices are up to date per this toolkit.

June 10th

- Noon call with state epidemiologist: group being formed to discuss how to allow visitors to return.
- Weekly family/resident update.
- National Healthcare Safety Network (NHSN) webinar for mandatory reporting.

June 11th

- All staff testing completely returned: all negative. Working to get set up for the 10-day surveillance program.

June 12th

- Department Heads meet to discuss opening to visitation once guidelines received: anticipating likely rules and planning to meet them.

June 13th

- Preliminary documents outlining outside visitation received to begin formulating our individual process.

June 15th

- Focused efforts on necessary documents, discussed how to safely proceed with outdoor visitation.

June 16th

- Finalized policy and supported process for outside visitation.
- Department of Health and Human Services Commissioner announced allowing limited outdoor visitations with strict parameters.

June 17th

- Family letter with attachments including developed protocols to launch outdoor visitation: will be time and staff consuming to meet all the necessary parameters: plan to begin offering opportunities beginning June 18th in order to smooth out the process before the end of the week.

June 18th

- Began to allow the very strict outside visitation: this takes significant manpower to make happen: we will definitely need to cancel if there are any challenges with staffing as well as unsafe weather.

June 19th

- Department Heads with county administrator: reviewed upcoming vacations and current recommendations for staff returning to work.

June 22nd

- Reviewing with team outside and window visits – need to make some adjustments: communication remains biggest challenge for window visits as visitor really needs a cell phone with good reception or the ability to call using wi-fi. County researching options for adding a telephone at the window.
- Monday Department of Health and Human Services call session.

June 23rd

- Tweaking outside visits/retraining/auditing.
- Reviewing end of life visitation policy with Medical Director and Director of Nursing.

June 24th

- Medical Director met with nurse management team to refine the end of life visitation protocol
- Department of Health and Human Services call session: PPE review, quarantine review, testing review, outside visitation review, upcoming guidance on fans or a/c use in COVID-19 positive rooms expected (Center for Medicare and Medicaid Services or state level – not sure). Dr. Chan (state epidemiologist) specifically stated that a face shield is not equivalent to a face mask. While it is better than nothing, it is still not the equivalent to a face mask.
- Family letter sent out.

June 25th

- Zoomed with Long Term Care Ombudsman Advisory Committee.
- Zoomed with Nursing Home Administrator's from NH Association of Counties.
- All resident COVID-19 tests returned negative: most of staff testing has returned.
- One staff (non-direct care, non-clinical) has returned as positive: asymptomatic: alerted required entities including but not limited to:
 - Public health, BEAS, Med Dir, County Admin, County Commissioners, Department Heads and staff alert, HCS Hospice alert, resident family visits cancelled for tomorrow
 - Finalizing resident/family letter to go out tomorrow for full notification

- Juvare is done every Thursday: updated to include positive staff case

June 26th

- Final staff testing returned, no other positives to report.
- Sent family letter out, posted on website and social services made many additional calls as well as cancelled the remaining outdoor visits that were previously scheduled – can do window visits as staffing permits.
- County Administrator sent out press release.
- Department Heads meeting to review staff and family notification outcome.
- National Healthcare Safety Network (NHSN) is done every Friday: updated to include positive staff case (this is the CDC reporting mechanism).
- Follow-up call with Bureau chief BEAS: all notifications appear to be completed at this time.

June 29th

- Postings in visible staff areas put in preparing for July 4th weekend and articles about medical staff in Florida going into a bar and becoming part of an outbreak – just as a reminder of risks.
- Article prepared for staff newsletter about being mindful of what one reads on internet sites and a quick lesson in peer review.
- Employee with positive test last week's re-test returned 'negative'. Per public health, we are keeping the employee out the requisite time frame.

June 30th

- Webinar about Massachusetts and their experience with COVID-19 in approx. 95% of their nursing homes: learned that the residents did not present with the typical Sudden and Serious illness symptoms that we are monitoring for.

July 1st

- Reviewed with Medical Director and nurse management team about lessons learned by Mass per the Webinar 6/30: discussed the more prevalent resident presentations so we can look for those as well.
- Sent weekly family letter/update including information that the positive staff test last week has returned 'negative' via NP method.
- Department of Health and Human Services weekly call participation.
- Testing results returning from this week's testing: One staff (non-direct care, limited work on units) has returned as positive: asymptomatic: alerted required entities including but not limited to:
 - Public health, The Bureau of Elderly and Adult Services (BEAS), Med Dir, County Admin, County Commissioners, Department Heads and staff alert, Home Healthcare, Hospice & Community Services (HCS) Hospice alert
 - Finalizing resident/family letter to go out tomorrow for full notification
 - Juvare is done every Thursday: updated to include positive staff case
 - CDC notification done every Friday: will include this information

July 2nd

- Finalized resident/family letter to go out: some staff tests not yet returned.
- Social services made all the calls/met with all the residents.
- Public health wants us to re-test all staff and residents next week, they offered to help, and so we'll have National Guard members schedule a day to help us.

July 3rd

- All resident tests now in: all negative. Still awaiting 2 more staff test results.

July 5th

- All but one test is now back: only the one staff positive test to date.

July 6th

- National Guard confirms they will start staff testing outside at 10am this Friday, then all residents on the same day.
- News reports include that a growing number of scientists are concerned this virus may be more airborne than previously thought. Met with medical team and decided to ask staff to wear masks even if alone in own office: encouraged staff with offices to eat with door closed, windows open if available. Removing 4 more chairs from staff café leaving only 4 chairs to reduce further the risk in this space: reminding staff of the multiple other locations breaks to eat can be taken with masks off.
- Trying to purchase K-N95's to have more in stock.
- Staff retest via nasopharyngeal swab has returned negative as has household members: per Public Health, staff person remains out required time period: any staff with close contact remain out 14 days and any residents on droplet precautions related to admissions, readmissions or any other COVID-19 concerning experiences are maintained on precautions for the full 14 days.

July 7th

- Found a new vendor for gloves from California – vetting the company to see if we can get either a recurring shipment, or a large delivery with the forecasting of gloves being difficult to obtain in the coming weeks.
- Large PPE request through state after Scott Nichols indicated a large order could be placed this week for free.

July 8th

- Weekly call: Mako Labs did give at least 2 false positive outcomes at a nursing home in New Hampshire: Maplewood has had 2 'positive' staff tests since beginning testing with Mako Labs (none prior). We treat it as a positive and put everything in place as required. We will be getting retested by the state lab using NP testing with help via the National Guard on Friday. Mako Labs is changing its procedures in the future based on these contaminated test results affecting at least one nursing home in New Hampshire.
- Public health updated guidelines for compassionate care visits; masks and goggles worn with proper hand hygiene if COVID-19 neg residents. If positive for COVID-19, full PPE must be worn.

July 9th

- Met with NH Association of Counties Nursing Home Administrators affiliate: most homes are finding families are wanting more visits and have difficulties with the imposed and strict protocols in place.
- Many county homes have recently had positive test outcomes with Mako Labs and many of us question if they are truly positive given the admission Mako Labs and the state made this week: we are all following the protocols and treating the scenario with all caution as required.

July 10th

- National Guard here to assist with all resident and all staff testing.
- Department Heads meeting to update on all current information.

July 11th

- Initial tests beginning to come in – negative to date

July 13th

- Tests still coming in – negative to date

July 15th

- Next family letter out; outdoor visits remain on hold until we hear from Public Health. Still only have just over 50% of tests returned; learned from the state that the tests completed by them are in, however, due to volume, the remaining tests were sent to DHMC and we have not yet received any results
- Weekly DHHS call with updates including contractors needing access to certain spaces for specific and timed life safety requirements. State discussed how to approach this safely and conservatively, but acknowledged that once state of emergency lifted, facilities would only have 30 days to come into compliance which would not be possible given the number of facilities and the few contractors (such as kitchen fire suppression system specialists).
- CMS call with Seema Verma alerting nursing facilities that the Federal Government is planning to send antigen testing apparatus to all homes (prioritizing when each would get one based on 5 criteria) in order for us to rapidly test for COVID-19 as well as flu. These will be CLIA-waived meaning that all of us that have this laboratory waiver permitting nursing facilities to do limited on-site lab tests will be able to perform these tests with our staff as well. Sensitivity is 80-84% which is imperfect, but they do have a high specificity. These test for a ‘memory’ of having had the virus. While highly accurate, they do have a high probability of false negative tests.

July 16th

- All resident and staff testing results now returned; all negative. We have reached out to the bureau chief for licensing to ensure we may now resume outdoor visits; if so, we plan to offer to those initially cancelled.

July 17th

- DH meeting to update regarding testing, plans for next week; discussing resuming outdoor visitations, some small activity groups all per public health and health and human services guidance

- NHHCA board meeting; discussed LNA needs but public health's position on LNA training. Discussed MAKO testing and the frequent 'positive tests' that we have some questions about. NHHCA will ask if a meeting can be set up with the Commissioner of DHHS to share our experiences

July 20th

- Team preparing/discussing resumption of limited outdoor visits.
- New phone system installed connecting outside patio with reception for window visits. Disinfecting responsibilities being added to our system for window visits relative to new phone.

July 21st

- Reviewed CDC new 'return to work' guidelines; updated our internal 'return to work criteria' document and shared with all Dept Heads.
- Reached out to DHHS Commissioner due to anticipated announcement July 22nd relative to testing; our next testing begins July 22nd – DHHS Commissioner advised to proceed with testing as scheduled, and if we get another positive through MAKO, the state will come out and test again.

July 22nd

- Weekly DHHS meeting; moving away from MAKO testing; will have DHMC initiate long term care sentinel testing next week. MAKO has advised our state that they will not repeat tests on those found to be positive or inconclusive this week, so we may get results back that we may question quality control, however we will have to follow whatever Public Health directs us to.
- Testing all staff and 10% residents today and tomorrow with MAKO.
- Reviewed latest HAN document from the state; updated outdoor visitation questionnaire per Public Health.

July 24th

- DH meeting for updates from this week
- Outdoor visits resume this weekend

July 27th

- Public Health updated its document for 'return to work and crisis staffing in LTC facilities'; already incorporated into our documents/processes.
- Small group outdoor activities began this week (5 res max)

July 28th

- Medical Director and staff meeting; updated medical staff regarding recent developments and discussed future testing.

July 29th

- DHHS weekly call; testing will be set every 10 days by the state; can only be one day and will include rotating w/e's
- Sent weekly family letter

July 31st

- State has given us our next testing date of Aug 4th
- DH meeting for updates from this week

August 3rd

- Awaiting test kits for tomorrow's scheduled test date

August 4th

- Test kits didn't arrive, State reset our test date for August 6th
- Bureau of Infectious Disease Control published updated guidance for long term care facilities; printed and reviewed

August 5th

- Weekly DHHS/public health call
- Sent weekly family letter out
- Awaiting test kits for tomorrow's scheduled test date; head of state testing called to confirm they were being couriered over to us today

August 6th

- Testing date, all staff and 10% residents

August 7th

- DH meeting to review any changes over past week and begin preparing for staff affected by school district decisions regarding hybrid back to school models

August 10th

- Federal announcement of more stimulus funds to come to nursing homes recognizing the high cost of testing – payment may come within the next 2 weeks (facilities who have not received the testing machines would receive higher payment according to the AHCA President and CEO, Mark Parkinson)

August 11th

- DHHS call regarding soon to arrive antigen testing; bureau chief reviewing the CLIA waiver and other information we need to know in order to use the machine once it arrives in the next 12 weeks.
- All but 33 tests from 8/6 testing have returned as of today

August 12th

- Weekly DHHS call
- Weekly letter to families sent out

August 13th

- AHCA call to learn about more stimulus payments going to SNF's with Mark Parkinson including a Value Based Payment program for homes who perform well each month

starting Sept-Dec. Performance measures likely based on no or low levels of covid in buildings as well as potentially certain training requirements.

- Researching facial recognition and temperature scanner due to the ongoing burden of active screening; can technology assist (currently manning 2 entrances with staff actively screening oncoming staff at high shift change times)
- DHHS Commissioner announced at Governors press briefing the limited opening to indoor visits

August 14th

- Guidance from the Bureau of Infection Disease Control came out late morning regarding the visitation by phases of reopening. Distributed it to appropriate department heads. Set up a meeting Monday afternoon to put the process in place. Will need policies and procedures as well as education before we can implement. Will update families via next week's letter.
- DH meeting to discuss this week's updates and initiatives.
- Testing date, all staff and 10% residents

August 17th

- Team met to discuss limited indoor visits; location, process and forms that will be required.

August 18th

- Still missing 28 COVID-19 tests done 8/6; state is aware and has been working with the lab. Test results from 8/14 and 8/15 are beginning to trickle in

August 19th

- Weekly family letter with new information on the indoor visits (2 more attachments) sent
- About 60% results in so far from our 8/14-15 testing dates
- Weekly DHHS call

August 20th

- Created training protocol for staff for indoor visits; need to mark off 6 foot spacing, and switch chairs to non-fabric for ease of cleaning
- NHAC NHA affiliate to discuss current testing processes
- All resident tests returned neg from 8/14 testing (all but 3 staff also back at this point)
- Staff letter out with all updates and information about new CMS initiative being rolled out to incentivize preventing COVID-19 from entering any LTC facility

August 21st

- All results now returned; 100% negative
- DH meeting to discuss this week's updates and initiatives.

August 22nd

- NHHCA sent out info about project ECHO (Extension for Community Healthcare Outcomes) for prevention of COVID-19 funding. Have to commit to 90 min training

weekly x 16 weeks with Medical Director, 2 nurses and one other staff member. Will also need to complete a QI project.

August 25th

- Testing date, all staff and 10% residents
- Participated in the kick-off ECHO meeting (LTC training COVID-19)
- Continued work toward cementing our telehealth work with Cheshire Medical to go beyond the pandemic, and incorporate into usual practices
- Listened in on CMS call with Director Seema Verma who announced new rules/regulations/fines and penalties for nursing homes

August 26th

- Reviewed new CMS final rule re: testing in nursing homes
- Weekly DHHS call
- ECHO meeting (LTC training COVID-19)
- DHHS call with counties regarding FMAP funding from Feds affecting not only nursing home but county as a whole
- Weekly family letter sent out

August 27th

- CMS releases the summary memorandum regarding the new rules announced 8/25 surrounding COVID-19 testing of staff and residents
- NHAC NHA affiliate meeting

September 1st

- DHHS call with Bureau Chief regarding interpretation of new CMS guidelines – she needs to assist us in determining who the rules refer to when they read “secretary” regarding to whom we have to report any future testing. There is a follow-up weekly meeting with public health 9/2 and Bureau Chief alerts us that new guidance is expected soon.

September 2nd

- DHHS call with public health; new CMS rules memo 38 reviewed.
- ECHO call participation (LTC training COVID-19)
- Initiated policies for testing per CMS requirements; initiated protocol for checking County positivity rate
- Weekly family letter sent out

September 3rd

- Participated in the NHSN update for mandatory Federal reporting; new modules added.
- NHAC NHA affiliate meeting

September 4th

- DH meeting to discuss this week’s updates and initiatives.
- Listened to recorded AHCA webinar from 8/28 re: the new CMS regulations
- All staff testing and 10% residents today

- Testing supplies arrived to the facility for the BD Veritor antigen machine. This is part of the federal initiative to have antigen machines in all nursing homes. The machine itself did not arrive.

September 8th

- National call with Mark Parkinson at AHCA with updates relative to CMS incentive payments and prevention/reduction of COVID-19 entering buildings
- National call with Seema Verma, head of the CMS with updates regarding testing regulations.

September 9th

- DHHS call with public health; new CMS rules reviewed further and Commissioner of DHHS is indicating that homes will now need to set up own lab contracts for testing. They will continue for the next 4 or 5 weeks, and they will help with any outbreak testing in facilities.
- Initiated discussions with Quest Diagnostics to set up a contract for PCR COVID-19 testing.
- Facial scanner arrived that can automatically take temperatures and check for face masks being on and record this. Will work with team to get this set up over next few days/weeks.
- Weekly family letter sent out

September 10th

- Reached out to MAKO to request a contract review for PCR COVID-19 testing.
- NHAC NHA affiliate meeting

September 11th

- Additional DHHS call to clarify more about new testing and visitation requirements
- DH meeting to discuss this week's updates and initiatives.
- 2 nurses now trained in use of the antigen testing machine
- Finalized policies and procedures for testing staff and residents relative to new CMS rules.

September 14th

- All staff, 10% resident testing today

September 16th

- DHHS call with public health; no major updates
- Weekly family letter sent out; can now allow 2 visitors for indoor visitation (as long as we remain in phase 2 or phase 3 of reopening)

September 17th

- NHAC NHA affiliate meeting
- New CMS guidance on visitation came out

September 18th

- Listened to the webinar on the Abbott BinexNow rapid tests that have apparently been shipped out to nursing homes and are a fast test that doesn't need a machine to develop, simply the antigen card and the reagent.
- DH meeting to discuss this week's updates and initiatives.

September 21st

- CMS call to discuss and answer questions relative to the 9/17 visitation memo and clarify testing rules that began 9/8.
- Signed contract with MAKO for COVID-19 testing; now setting up internal system. (have not heard back from QUEST diagnostics yet with contract questions)

September 23rd

- DHHS call with public health and NHHCA relative to conflicting info facilities receive from public health; brought this to their attention and public health alerted us of process to request higher authority review when a facility gets conflicting directives/recommendations
- DHHS call with public health weekly call; Comm Shibinette updated the state's testing protocol that will start mid-late October; facilities must get contracts for labs to perform PCR testing; then a contract with the state to get reimbursement for a 4 week cycle; 1 week will be 100% staff, then the other 3 weeks will be 10% staff (PCR tests) and submit/receive reimbursement for up to \$100/test. Cheshire County now in phase 3 of reopening – can do limited outings with residents.
- Weekly family letter sent out.

September 24th

- Testing day
- CMS-CDC training program

September 25th

- DH meeting to discuss this week's updates and initiatives.
- CDC webinar 'Establishing and Infection Prevention Program'; we are already in compliance with all that was presented
- Signed Quest Diagnostics contract for COVID-19 testing to have a back-up plan in place for testing requirements
- Requested updated CLIA waiver to add the Assisted Living name to it in order for us to qualify for the Abbott BinexNow rapid tests for ALF

September 28th

- Received correspondence that we qualify for BinexNow rapid tests and place an initial order
- Ordered a Sofia antigen test machine to arrive in November; this has a better reliability rate and a negative test does not require a follow-up PCR test to confirm. It can yield answers within 15 mins.
- Received the application for the new level 3 NHSN (National Healthcare Safety Network) reporting requirement.

September 29th

- Began the required application from a level 1 to a level 3 NHSN. We are being told this will take 10 days to complete, during which time we will not have access to the required NHSN network for the mandatory data entry. This risks our facility being out of compliance with CMS rules and there are fines that accompany missed reports. It does not make sense that we are required to go through this application process, but by doing so will be forced into a period of non-compliance with fines associated. Have alerted the County Administrator and have sent correspondence to NHSN to ask for advisement.

September 30th

- DHHS call with public health weekly call
- Weekly family letter sent out.

October 1st

- Teams evaluating the new CMS training modules available to determine how to facilitate wider spread training
- Update about project ECHO (Extension for Community Healthcare Outcomes): the 90 min weekly training requests we involve the Medical Director, 2 nurses and one other staff member, though does not appear tied to funding. Our team will analyze this opportunity to determine what level of commitment we can sustain along with all other new requirements we are managing.

October 2nd

- DH meeting to discuss this week's updates and initiatives.
- DHHS call with survey bureau chief to clarify testing, documentation, life safety relative to PPE storage, activities, masking and "active screening" process.

October 4th

- Testing day

October 5th

- Registered an MNH team for project ECHO training

October 6th

- Some Dept Heads are progressing through the CMS training modules

October 7th

- Weekly family letter sent out.
- FEMA zoom meeting for region 1 (Boston) to share best practices and lessons learned in health care settings

October 8th

- CDC-CMS Q&A webinar

October 9th

- DH meeting to discuss this week's updates and initiatives

- Webinar training for BinexNow antigen cards

October 13th

- ECHO launch program participation; education

October 14th

- Testing date
- Weekly DHHS call
- New DHHS Health Alert with new reporting for all COVID-19 testing outcomes; both positive and negative now required for LTC (due to having antigen machines on site)

October 17th

- All testing returned negative

October 20th

- Received letters of approval from the state for COVID-19 testing for both the SNF as well as ALF sides of the house
- Participated in a DHHS meeting about COVID-19 testing and reimbursement; need to complete lengthy application for grant reimbursement funding.

October 21st

- Weekly DHHS call
- Table top with selected DH's to review steps for a positive resident case

October 22nd

- Grant application (initial) sent back to DHHS for COVID-19 testing reimbursement

October 23rd

- DH meeting to discuss this week's updates and initiatives

October 24th

- Testing date

October 26th

- Updating policies to reflect recent DHHS recommendations surrounding COVID-19 POC and PCR testing

October 27th

- All but 2 tests returned negative; call out to DHHS inquiring about last 2 test results

October 28th

- Weekly DHHS call

Kathryn Kindopp, NHA
Administrator