

Centers for Medicare & Medicaid Services  
COVID-19 Call with Nurses  
Moderator: Alina Czekai  
May 7, 2020  
3:00 p.m. ET

OPERATOR: This is Conference #: 5486361.

Operator: And you are live.

Alina Czekai: Good afternoon. Thank you for joining our May 7th CMS COVID-19 Weekly Call with Nurses. We appreciate you taking time out of your busy schedules to join us today. This is Alina Czekai, leading stakeholder engagement on COVID-19 in the office of CMS Administrator Seema Verma.

Today, we are joined by CMS leaders and providers in the field who have offered to share best practices with you all today. I'd first like to turn it over to Jean Moody-Williams, Acting Director at the Center for Clinical Standard and Quality at CMS for a brief update on the agency's latest guidance and response to COVID-19. Jean, over to you.

Jean Moody-Williams: Thank you so much. Good afternoon, everyone. Thank you for joining the call. I started off last week's call by welcoming you and celebrating Nurses Month. And we also know we have Nurses Week which is this week. So, I would like to congratulate you and celebrate you as well.

And I know that the American Nurses Association has kind of designated the theme for each one of the weeks. And I think this week is just so appropriate, as I think I mentioned on another call, and it's really looking at self-care.

And how appropriate during this time of the pandemic when you are putting all on the line every day, 24 hours a day that you have to remember to take a moment to think about yourself related to nutrition and rest, and quality of life and safety. So, just take a minute to breath and as we go on.

So, we had a busy week last week. We put out at the end of the – on April 30th, we put out a number of flexibilities and waivers through our interim final rule with comment, and then a number of our waiver documents. They

were really based on feedback that we received from many of you either through this call or other calls, or other request that we have received.

So, I'd encourage you to please go on the website to look at those flexibilities. We have included some flexibilities as it relates to tele-health. And we've expanded so that some of your colleagues and team-based care can also now exercise tele-health services as far as physical therapy, occupational therapies, speech language, pathologists, and others so that as you're working in your team-based care, you may be able to plan around that.

We've also waived and made some additional allowances for audio-only equipment, so you can look at that. I know many of you, perhaps, practice in a nursing facility, skilled nursing facility or a nursing facility. We trained, (trimmed) some of the requirements for training for nursing assistants to receive that, their requirement that they received at least 12 hours of in-service training annually.

We hold that that's still important but at this time, you may not be able to pull yourself away to train the nursing assistants in routine IMs. And, perhaps, all of your attention is going toward training on infectious control and prevention. So, we've made those kinds of accommodation as well, and did some waiving as far as requirements in home health and hospice.

Also, in nursing homes, as I've mentioned last week, we codified the requirements for reporting COVID-19 cases, and so that's now underway. And I know that many of you are probably involved with making sure that the data are collected to be entered into NHSN and working with the CDC. And they have a number of listening sessions as well as training sessions. So, I will encourage you to please work with them to ensure that we are getting that data in as timely as possible.

We also posted some guidelines requirements on yesterday of things that will help you as you entered the data, and how we will proceed as far as enforcement when we're doing our survey to see that the data are in fact being added.

And we've also announced a commission. We're going to have a commission, a coronavirus commission for safety and quality in nursing homes. And it will be a multi-disciplinary commission that will be run by our contractor. And we will be looking for leading industry experts, family members, clinicians, nurses, infection control, professionals, state and local authorities, really to take a look at how do we improve care in the time of a pandemic such as COVID-19.

How do we improve our regulations, our oversight, our technical assistance, our ability to ensure that we're getting to you what you need when you need it? And also, just general recommendations on how we use data effectively in other areas.

So, I think I will stop there because we, as I said, we put out a number of things, but please check those. But I'd like to get to our speaker and so that we can have some time for you to ask questions of her, or of us.

And it really is my pleasure to introduce Dr. Nancy Blake who is the Chief Nursing Officer of Harbor UCLA Medical Center, and is the leader in critical care nursing. So, you can see we tried to have a variety of disciplines. And so, we welcome you, Dr. Blake. Nancy, we'll turn to you.

Nancy Blake: OK. Thank you. Can you hear me?

Jean Moody-Williams: Yes, we can.

Nancy Blake: I am thrilled to be here to share both my passion for a healthy work environment and disaster preparedness, and how the two I believe they come together very well at our facility.

I work at Harbor UCLA Medical Center, which is a hospital, that's a county hospital under the Department of Health Services in Los Angeles. Being a county hospital, we see a lot of patients who are impacted by the social determinants of health. And a high number of patients, who in addition to having numerous medical issues, also have mental health issues. So, we have to look at the whole person care for our patients.

I'm really proud of the work that our team has done over the past two months in battling COVID-19 here in Los Angeles. And in addition to my work with healthy work environments, and I'll talk a little bit about my background and how I've gotten involved in that.

I also have a background in disaster preparedness, and have been involved in numerous local, state, and federal commissions including about eight years ago, I believe, a White House Pandemic Task Force that met here in Los Angeles. And I was hoping we never needed to utilize any of those plans and proposal that we put together from that group.

And after the Avian flu pass, came and went, I thought it would never happen. But I also, have also been involved in some ICU surge groups putting together things that you need to do, working together with your community.

I got involved, and really proactively was involved with healthy work environments when I was a board member of the American Association of Critical Care Nurses 2003 to 2006. And they rolled out the healthy work environment standards in 2005.

And I worked with Dr. Janie Health from the University of Kentucky who did the validation of the literature as part of the dissertation looking at what the healthy work environment standards were about ready to roll out, and how it was validated by focus groups. And there were six standards that were developed: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership.

And the goal was when all of these things are in alignment and being focused on and followed, then the outcome would be a healthy work environment. These sound very straightforward, but there was a lot of work that needed to be done to really make sure that the clinical work environment was healthy.

I decided in 2008 when I got into a PhD program that I'd look at my doctoral dissertation and look at the research on three of these standards, and how they directly impacted patient outcomes. So, my dissertation research looked at the

relationship between communication, collaboration, and leadership in the work environment.

And the impact on risk adjusted length of stay, risk adjusted outcomes, central line bloodstream infection, ventilator associated pneumonias, and nurse's intent to leave their job which can definitely impact the cost and quality in hospitals. In a nutshell, the better the communication collaboration of the team, the lower the risk adjusted length of stay, the lower the risk adjusted outcomes, and the fewer central line bloodstream infections.

And a lot of people asked me about the collapses and why would they be decreased. And I said, "When the nurse can openly speak to anyone that walks into that patient's room and say, 'did you wash your hands', because they have a good working relationship, that patient has better care." So, when there's better team work, there's better patient outcome.

This was a 10-ICU study. And, basically, they all have fellowship programs because I wanted to control for the physician staffing as well as nursing staffing. But the better, the stronger the nurses felt their leadership was, and the more leadership support they had, the lower their intent to leave. And that impacts cost and quality in hospitals.

I've done consulting on this with one hospital. Just decreasing turnover by 10 nurses every year actually saved the organization \$4.2 million over two years by not using overtime, not using agency, not doing additional training. So, the cost is definitely impacted by a healthy work environment.

So, all of that being said, I want to talk about what we've done here at Harbor as we've prepared for the surge of COVID, and have seen some incredibly sick patients here. The executive team, the chief medical officer, myself, the chief operating officer, and the chief executive officer, all believe that we needed to deal with this as a team approach.

So, as we saw that the number of cases in the community were increasing, and where we're going to need to surge, we brought the team together and talked about a team approach, which meant that as we got more patients, and there

were more and more patients that a nurse had to take care of, we would bring other people in to assist us as part of the team.

So, these patients are incredibly ill. You've probably heard about how well they do with proning but how difficult it is to prone someone. And so, our orthopedic department came on and became the proning team, so.

They would come up and work with the nurses to help prone the patients, to help move the patients as needed to decrease the overall hapies because these patients are incredibly ill and are sedated, and can't move their selves, so.

As a team in critical care, we had nurses, physicians, respiratory care practitioners. And as we surge them on more and more patients, we actually brought some of the nurses back that were working on the trauma offices, quality offices, and they work together as a team to take care of the patient. And this team approach worked very well.

There was support. There was follow through. There were people there when the critical care patients got so – or we saw so many critical care patients that we were actually able to look at a team approach to take care of these patients.

We also made sure that the staff had appropriate PPE. When we made a unit a COVID ICU, the charge nurse that day said, "Give me the staff that I need. Give me the appropriate PPE, and the appropriate support, and we'll do what we can to take care of these patients." And they've been...done a great job.

In addition, we put together a group that we call "Coping with COVID." And we have a large mental health staff here. And they've put together debriefs after a difficult situation. We've had patients that look like they were getting better and then have had a cardiac arrest and died.

And the staff are actually, you know, as people get better, getting to know these patients and really feeling a sense of responsibility, and they've been talking to the families on the phone because as you know most hospitals are not allowing any visitation for good reasons, to decrease the exposure.

But it can be very difficult when a patient is dying and that nurses holding the iPads so the family could be with them. But it can be a very difficult experience for a nurse sitting in there for an hour and hearing that family cry, and supporting that patient and end of life.

So, our Coping with COVID Group has done debriefs. They've done individual debriefs. You know, we had one patient that was quite young and the nurse felt like he could have done more, which these patients are very sick. So, you know, we've allowed one on one. We've done debriefs when we had a situation. And we've been working with our staff to support them because care for the caregivers is very important, and has been of outmost importance for us here.

And even the head of mental health called me to ask how I'm doing because I'm out there rounding, talking to the staff. And these fears of the staff have been real. They're watching the news. They're watching nurses die. They're seeing what's going on in New York. They're seeing what's going on in their own hospitals.

And we were surging to very high levels of very sick patients, some of whom are nursing home staff. And you know, they get go into renal failure. They go into, you know, their lungs are very difficult. They have low saturation. And it's been very important to us that we make sure we're getting the staff out on breaks when they need it. That we're getting them the support that they need. And we're getting them proper healthy food.

I signed Harbor UCLA up as a hospital for Healthy Nurse, Healthy Nation which you're probably familiar with, with American Nurses Association. And working together with our cafeteria, we're trying to offer more healthy items for our staff. And we've been making sure that we support the staff through this.

It has been a difficult time and these people will never forget the situation and the encounters that they had. And when they see these situations and talking one on one with these nurses you can see the fear in their eyes. So, it's really important that as a leadership team, we round on a regular basis. That we're

hearing their concerns, that we're getting them the PPE that they need. That we're getting them the support that they need.

But like I said, I've done disaster preparedness for many years, and I actually just completed a book that's going to be published in June on Nursing Preparedness, Disaster Preparedness. And, unfortunately, it was too late to put a COVID chapter in. But in knowing how well we have to work with the community, we are disaster research center here at Harbor UCLA and LA County has 11 disaster research centers, maybe 12.

And we have about 10 umbrella hospitals that we drill with. We've gave them the information. We educate. And this last year, the county has also added some of the nursing homes. So, it was very helpful for us to reach out to the nursing homes. And when they were having problems to make sure that they got the help that they need.

And it was one in particular that really needed help because their staff was sick and that we were able to reach out to the EMS agency who reached out to the state and the National Guard came in and helped them through their situation.

So, we didn't get their patients and their patients got better. So, it's been a really a community effort. We have a drive by testing site here that is being run by the fire department, but our staff is actually pitched in because the Department of Public Health was so busy.

And we've been working with the Mercy Ship. We've sent some patient there. And it's really been a good approach. And I'm very proud to be a member of LA County because we've been very organized in our approach. But like I said, we've been really good about supporting our staff, so.

And I've been sharing with people, having done pandemic work preparedness in the past, it's basically ended up exactly as it was anticipated. Although, our work usually stopped at, you know, going back into doing surgeries and listing restrictions in the community. And Californians have pretty self-restrictions about lockdown. So, we will begin this week, the end of this week, starting to open things back up incrementally.



But, like I said, it's really important that the team works very well together. And the physicians, nurses and respiratory care practitioners have worked very closely. And I think the wellbeing of our practitioners with the ability to do the "Coping with COVID" debrief have been very helpful. So, I thank you for sharing, allowing me to share my experiences here at Harbor UCLA.

Jean Moody-Williams: Thank you so much for sharing and covering many different areas. Operator, if you could please give the instruction for how to open up the line to ask the questions?

Operator: Yes. If you would like to ask a question, you would need to press star one on your telephone. Once again, that's star one on your telephone to ask a question.

Jean Moody-Williams: And while we're waiting for questions to queue up, as you were talking about the importance of team and collaboration, communication, and authentic leadership, I was starting to think about many of these alternative locations that have been set up just to handle surge.

And they may not be on the main campus or maybe a unique kind of facility, and how important team must be as we're asking people to go and work in an unfamiliar location. And perhaps, a little bit intimidating that when you have a strong team that's working with you, you feel a lot more supported. And it sounds like that's what you were – you found. So, great, great information.

Nancy Blake: We did.

Jean Moody-Williams: And I think – yes.

Nancy Blake: We asked if you were able to redeploy nurses from the LA County Ambulatory Care Centers to our hospital to help. And we did orientation with them. And we actually made sure that our staff understood that this people may not be confident in critical care. But as a team, they can take care of the team of patients. And they are a nurse, first and foremost, and they can do some basic nursing care together as a team.

Jean Moody-Williams: Yes. Excellent. Thank you. I think we'll be learning a lot as we go along from some of the innovation that happened during this time. Operator, do we have any questions?

Operator: Yes. You have a question from the line of Wendy Orin.

Wendy Orin: Yes. I was wondering what...

Jean Moody-Williams: Hello?

Wendy Orin: Hello. I was wondering what the name your book was, the one on nursing disaster preparedness.

Nancy Blake: It's Pediatric Nursing Disaster Preparedness. And it should be published in June.

Wendy Orin: OK. Thank you so much. That's wonderful information. And thank you for looking out for your long-term care partners in the community.

Nancy Blake: Thank you.

Jean Moody-Williams: Thank you. Do we have any other questions?

Operator: There are no other questions at this time.

Jean Moody-Williams: Yes. I would like to second that emotion of the long-term care partners. One of the things, is we hold calls for different disciplines, home, half-house, this long-term care, and others. And I think the – and you talked about collaboration.

It is so important that the communication between acute care setting and long-term care setting for that continuity of care. That's one of the things that we noted during this time that when that communication breaks down, obviously, it's the patient or the resident that's caught in the middle of these.

They're not being accepted back into their long-term care facility, or not being able to be transferred to a hospital when they need it. So, that's one thing.

I've really been encouraging everyone to do have those stronger relationship across the continuum of care.

Nancy Blake: That's very helpful for us.

Jean Moody-Williams: Yes, thank you. So, I think I want to thank you again for taking the time out. And I know that you're extremely busy and everyone on this call as well. And Alina, I'm going to turn it back to you for your last minute word.

Alina Czekai: Great. Thanks, Jean. And thanks, everyone, for joining our call today. We hope that you'll join us later today for CMS COVID-19 Office Hours that will take place at 5 PM Eastern today for technical question-and-answer session with our CMS subject matter experts. And in the meantime, please continue to direct your questions to [COVID-19@cms.hss.gov](mailto:COVID-19@cms.hss.gov).

Again, we appreciate all that you're doing for your patients and their families around the country as we address COVID-19 as a nation. This concludes today's call. Have a good rest of your day.

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