Centers for Medicare & Medicaid Services
COVID-19 Call with Nurses
Moderator: Alina Czekai
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Operator: This is Conference #4279137

Alina Czekai: Good afternoon. Thank you for joining our May 14th 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 as well as providers in the field who have offered to share best practices with you all.

I'd first like to turn it over to Jean Moody-Williams, acting director at the Center for Clinical Standards and Quality for an update on the agency's latest guidance in response to COVID-19. Jean, over to you.

Jean Moody-Williams: Thank you and hello, everyone. Thank you so much for joining this week. As we continue in our month of recognition for Nurse's Month as a part of National Nurses or as World Nurses week and year.

The second week of Nurse's Month, the American Nurses Association has dedicated to recognizing nurses past and present. And really, I think this is really so appropriate as we take a moment for my day to honor health heroes, nurses and health care workers who have really, some have given their lives for in the fight for COVID-19.

Some are recovering or still battling through, and others are on the battlefield every day, working with patients and families. And so we take this time to remember you and thank you so much for all that you do. This is also National Skilled Nursing Care Week and so for – I know many of our nurses are administrators of nursing homes and also working and running and providing patient care.

As such, our administrator, Seema Verma, has published a letter expressing her gratitude and unwavering dedication – for the unwavering dedication and commitment for those who are working to keep residents safe and continuing to compassionately care for those who really rely on them during this time.

We also announced a number of activities over the past week. I'm going to highlight just a few. Again, I always recognize that we have a very diverse audience. So, one of the things that we announced is a new independent Coronavirus Commission on Safety and Quality in Nursing Homes. So the commission will conduct a comprehensive assessment of our response, CMS's response to the care provided in nursing homes.

It will also look at actually what's happening in the nursing homes. Are there some best practices that we're learning from nursing homes and how they are providing care? And then also what – how we work with our stakeholders and with data analysis.

We are releasing information either today or tomorrow, not sure how to get involved with that commission. For those who have an interest in that we really are looking forward to – that we've done a lot and we've done it quickly. We are always looking to continuously improve and see what we can do better.

Lastly, we modified certain flexibilities which may impact some of the facilities that you work in. They really are related to our life safety code requirements. And so we've modified certain things. For example, there are requirements that must be followed related to alcohol based hand rub and where they're placed.

And we realize that during this time of using alternative care locations or having sites of care that may not traditionally serve in that manner, that these alcohol based hand rubs are probably located in different places throughout until that will be – we waive that. The only thing, I mean, some of these regs you probably say, well, why do you even have a reg about that?

Well, because this hand rubs are very flammable. They're made of high strength of ethyl alcohol. So, we still have some of the requirements about

storage and how they must be stored. So, you still have to look at that as well. We did some work within ESRD. We added some flexibility based on many of the comments that we heard that dialysis can traditionally be provided in the dialysis center or in-site contiguous to that. We waive that where you could also have care, dialysis care provided in skilled nursing facilities.

And with this last waiver that we did, it can also be provided in assisted living facilities and similar types of facilities. So if you work in either dialysis facility or if you work in an assisted living facility, by similar types of facilities, you'll probably want to be aware that dialysis care can now be given in those facilities.

I will also mention that we waived requirements so that we can now allow hospitals to offer long-term care services and swing beds. These are hospitals that may not traditionally have been able to do so. Only usually the smaller facilities can do this, but we've waived it so that any hospital can offer long term care services and a swing bed for patients who do not require acute care, but do meet the skilled nursing facility level of care.

So, if you are in a hospital, you might start to see some of these patients in your facility. So with that, I think those are most of the announcements that I wanted to make. But I think the highlight of these calls are always hearing from the field, and then of course, your questions and the dialogue that ensues after that.

So I am really pleased today to – we have two speakers. The first is Dorene Hersh and she is the chief nurse officer at public health Seattle and King County in Seattle, Washington. Dorene?

Dorene Hersh: Thank you, and thank you so much for allowing me to share my story. I think it's pretty healing. We've been on this journey for two and a half months and it seems like it's been a lot longer than that. So, what I'd like to talk to you about is how we started our response and how I was involved.

Our response is so huge, but it's impossible to really know everything that's going on. But I received a call from my – from the director on the evening of

February 28th instructing us that we had to had our first patient death at our long term care facility and I needed report to work on Saturday.

And then I was e-mailed a book that was entitled COVID response setup call center. I read it and we setup a call center. Our traditional CD call center, the communicable disease hotline was immediately overwhelmed. When we set up our call center, on our first day we received 1,600 calls and we had an 80 percent drop rate. And this we were open for 12 hours and just couldn't get enough people in to answer the phones.

Fortunately for us, the CDC was on site to help us and they were able to draft up some paper forms that we initially used. Every day we end up changing the forms because we found whatever we are using didn't work. The guidance changed. The types of our calls changed. Initially, our calls were where can I get tested? Mainly, worried well, and also where can I get PPE.

So because of the shortage of testing and shortage of PPE, it was pretty disheartening to be able to have to take these calls and tell them that we don't have these resources for you. That was extremely hard for our call center. We staffed with volunteers in the beginning. We have the Reserve Corps.

So we had all reservists for working six hour shifts, seven days a week and we quickly learned that the orientation training that was involved with that was overwhelming our staff. We had quickly setup leads to do these trainings and to support the staff. But with all the changes that were going on, it was just exhausting for everybody.

We eventually moved to electronic forms and we also moved our call center now to being staffed 100 percent by our nursing staff that are high risk. So people that can't go to the front lines that are assessments and isolation quarantine centers or strike teams. So, we have stood up a center with that staff and it's working very well for us. Calls are decreasing and we're sort of moving into contact tracing now.

And we’re an initial intake for isolation quarantine folks that are associated with contact tracing in our shelters as well. Another addition that we tried that was really successful as we've had a cohort of BSN students. So we have 45

students that work 15 on Mondays, 15 on Wednesdays and another 15 on Fridays.

And they're doing – they're preparing educational one pagers for specific audiences. They're doing shelter pre-assessments so doing a lot of education. And that's been very welcoming for them because this was their last clinical experience before graduation and everything else would have been simulated.

So, it ended up being a win-win for us. Our staff are working 100 percent from home so we're able to totally social distance with that. So that's been successful for everybody and we do still have our call center with that we held our students in, but we'll also be able to bring in more contact tracers as we're able to ramp up our response in that. And I'm not sure when my five minutes ended or started so.

Jean Moody-Williams: Well, did you get everything out? We want to make sure you did. I really appreciate you sharing, Dorene. It's funny. I think we will all remember the day when we first got involved.

You mentioned February 28th, I think I was leaving the grocery store when I got the call from my administrator alerting me that there had been a death and that we needed to get in contact with the state and we did. So, I think none of our lives will ever be the same again, from that point on.

Dorene Hersh: Yes, definitely.

Jean Moody-Williams: Yes, thank you for all your fast response to really – Washington State has done some wonderful work and really has established some very best practices that we use when we talk to others.

Dorene Hersh: Glad to talk. Thank you.

Jean Moody-Williams: Yes, and I'm sure it's not over. So, we're still learning more and more each day. I'm going to turn to Tasha Lee. Dr. Lee is the associate medical director and family nurse practitioner at a federally qualified health center in Montgomery County, Pennsylvania.

Tasha Lee: Hi, everyone, good afternoon. It's an honor to be able to speak to you this morning or this afternoon, actually. And I just want to thank you for all that you do. You are all doing such important work at this time.

And today I'm going to be talking to you about our integrated care model and how we address social determinants in our FQHC during the COVID pandemic. So, our center cares for mostly the underserved. We have a predominantly Latino and African-American patient population. We have a mix of family medicine, pediatrics, optometry, dental and a medication dispensary.

In our integrated care model, we have the clinicians, a care coordinator, an adult and pediatric behavioral health consultant, a community health worker and a pediatric behavioral health navigator. So, within this model we are able to address not only the medical needs but also the behavior health and the social determinants.

Social determinants, obviously are the environmental factors that affect individual's health, the neighborhood that we live in, housing situation, economic status, quality of schools, personal family interactions, and what's more.

So, to assess our patient's social determinants, we do use a valid screening tool. Our organization uses PREPARE and prepare stands for the Protocol for Responding to and Assessing Patients Assets, Risks and Experiences. There are of course other than, obviously, some of the information you get about patient social determinants simply comes from the history or for the interview.

So, as we've been working through some of these issues of the COVID pandemic, we have identified a lot of needs. I mean, obviously, throughout the whole country, we've seen jobs and school closings and it has affected people in various ways.

So, when we identify the needs of our patients through the screening, we bring in the treatment team, which sometimes can be challenging because when you're talking about addressing social determinants and social barriers, it's not

something that kind of fits into a neat algorithm like some of the other things that we do within medicine.

It also requires some creativity and it really requires the whole team coming together and more often partnering with other people in the community. So, some of the issues that we have with our patients that patients everywhere having is loss of income, however, our patients particularly, many of them are not us residents or citizens, therefore, they're not eligible for unemployment benefits or other sources of relief.

So, along with that comes food insecurity. It comes increased anxiety, emotional stress, and just really a lot of questions regarding how to deal with all of this. So what we do is we help connect them to local and community resources. And it is imperative to be familiar with and build relationships with those community resources.

We have partnerships with local assistance programs, advocacy agencies, food distribution centers, behavioral health programs, crisis centers, on and on. So now I want to specifically talk about one of the social barriers we identified and how we helped our patients to overcome that. And that was a lack of transportation.

Many of our patients rely on public transportation which has been limited during the COVID pandemic. So we would identify patients that had COVID symptoms and we would refer them to the county health department for testing, which there was really only one, but many of them just could not get there.

Obviously, if you have a patient that is suspicious for COVID you're not going to recommend that they get into taxi or shared rides. So what we wound up doing was partnering with our local health department to establish a testing site at our clinic. And at our testing site, any resident of our borough can be tested there.

It's a walk up, it doesn't require a car. Our own staff do the testing itself, swab to help protect our own staff and maintain social distancing. And it was just a really a good way to take care of our patients and also to help the community

at large. And so as Dorene had mentioned, the next step in this is now contact tracing.

We've been running the testing center, I want to say maybe for about three weeks and we follow the schedule of the county when they're open. We're open and our numbers are matching the county's numbers in terms of the percentage of our patients that are coming up positive.

We are filling all of our slots sometimes where we have a waiting list, our slots overfill, but now the next step, his contact tracing. So, we haven't yet determined how we're going to do that. We don't know if we'll be able to do it internally or if we will continue to partner with the health department or some other external organization, but we are starting to see cases come down and so we want to be able to maintain that trend with the contact tracing. And that's it.

Jean Moody-Williams: Thank you so much for what you do. Certainly, I know it's challenging to have to work through some of the things that you've mentioned and transportation has been something that's come up frequently.

I'd like to open up the lines for questions at this point and any questions you have or maybe some of your experience with contact tracing and how it's working for you, we open up for any discussion. Operator?

Operator: As a reminder, to ask questions over the phone you will need to press star one on your telephone keypad. Again, that is star one on your telephone keypad. Please stand by while we compile the Q&A roster.

Again, in order to ask a question, press star one on your telephone keypad.

Jean Moody-Williams: And while we're waiting, I'll ask Dorene, are you – how are you doing to contact tracing? Are you using any digital formats or is it traditional means? How are you advancing this?

Dorene Hersh: Well, we're doing a pilot right now. So we are using some texting services that we're able to use. I mean, we're a pretty high tech area, but the Department of Health is performing the majority of our contact tracings.

So what we wanted to do is we pulled out our high risk zip codes so we can – knowing that we'll have resources to help them to isolate and quarantine at home because if they don't have food and they don't – aren't able to get the things that they need, they're not going to be staying home.

So, we're trying to – and we have our language services. So that's the population that we're trying to target right now. So, we do have the texting but that's not necessarily working for what we're trying to prioritize at this time.

Jean Moody-Williams: Right. Thank you. Operator, any questions?

Operator: We have one question. Please state your first and last name. Your line is now open.

Again, to the participant who pressed star one, please state your first and last name. Your line is now open.

Jean Moody-Williams: OK. Either they're on mute or change your mind.

Dorene Hersh: You know I have something else that I could add about contact tracing while she's or he or she are figuring that out. One of the things that we're running into is we still have a shortage of testing supplies and to find places that are willing to test asymptomatic household contacts has been an issue.

So to my colleague who's working at the community health center, if that's something that you could offer up, I think that would be, if a value to your community because it's been a shortage in finding places to test pediatrics.

A lot of people are willing to test. Adults and children up to like three, but then we're at a loss for some of the others. So, if you guys can think about that as you're rolling up your contact tracing.

Tasha Lee: Yes, thank you for that input. So we are offering testing to patients, to asymptomatic patients who have a known COVID contact. However, we are struggling with the children as well and finding places to get them tested because our site specifically is self-swab. The child has to be able to swab

themselves and so obviously that's difficult with young children. So, that's something that we're still working on.

Jean Moody-Williams OK, great. OK, so I am going to – I'll just check one more time and otherwise I'm going to turn it back to Alina to close this out.

Alina Czekai: Sounds great. Thanks, Jean. And thanks, everyone for joining our call today. We hope that you'll join us later today for our CMS COVID-19 office hours. That's at 5:00 p.m. Eastern for technical Q&A with our CMS subject matter experts.

In the meantime, please continue to direct your questions to COVID-19@cms.hhs.gov. Again, we appreciate all that you're doing for patients and their families around the country as we address COVID-19 as a nation. This concludes today's call. Have a great rest of your day.

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