

October 18, 2023, 3:00 PM – 4:00 PM

LTC Provider Call

**Assisted Living / Residential
Care / Adult Day Care**



If you see this screen, you are in the right place, but we have not yet started.
We will begin shortly.

All lines are muted. Lines will be muted throughout the program.

Submit questions to LTC@health.ok.gov.
(Questions in the online Q&A chat will be answered in the FAQ document, not on the call.)

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Grant Opportunity

Lindsey R. Jeffries, B.S.
Supervisor
Nurse Aide Registry
NAR@health.ok.gov

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CareCareersOK.com Workforce Development Program

- Three-year program aimed at increasing CNAs and CMAs employed in long-term care facilities
- Facilities are reimbursed for CNA & CMA training and testing costs
- Grant funded program initiated by the American Rescue Plan Act granted through the Oklahoma Health Care Workforce Training Commission
- The grantee is Care Providers Oklahoma along with LeadingAge Oklahoma, and the program is managed through CareCareersOK.com.
- Membership in CPO, LAO or any other association is **not a requirement** for participation


For More Information:

Tanecia Davis | Workforce Ambassador
405-524-8338 | Tanecia@CareOklahoma.com



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MDS Updates

Wednesday, October 18, 2023


Diane Henry, RN
State RAI and OASIS Education Coordinator
Quality Improvement and Evaluation Service

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Healthcare Associated Infections Program Updates

Jeneene Kitz, BSN, RN, CIC
HAI/AR Prevention Program Manager
Infectious Disease Prevention and Response

Rhonda McComas, BSN, RN
Lead Infection Preventionist
Infectious Disease Prevention and Response

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OSDH Viral View

<https://oklahoma.gov/health/health-education/acute-disease-service/viral-view.html>

- Viral view provides up to date surveillance data for Influenza, COVID, and RSV.
 - Activity level, test positivity rates, hospitalizations, variant testing results, and wastewater.
- Flu and COVID-19 have begun co-circulating
 - Double check and don't forget there may be need to test for both.



Oklahoma State Department of Health | HAI/AR COVID updates | October 18, 2023

OK ViralView: Respiratory Virus Surveillance Summary

[Get Email Updates](#)

Provided on this webpage are summaries of influenza, RSV, and COVID-19 surveillance data obtained from the Oklahoma State Department of Health (OSDH) respiratory surveillance system which includes sentinel surveillance data (outpatient influenza-like illness and influenza, RSV, and COVID-19 laboratory testing percent positivity); severity of illness data (influenza-associated hospitalizations and deaths and COVID-19-associated hospitalizations); and OSDH Public Health Laboratory (PHL) testing data.

Weekly reports will be published by 10:00 am every Thursday throughout the influenza season. Weekly reporting resumes on October 12, 2023, for the 2023-2024 season.

Influenza (Plateau)	COVID (Decreasing)	RSV (Increasing)
Data Dashboard <ul style="list-style-type: none"> Weekly National Statistics (CDC) Flu Activity Level Criteria (CDC) United States Influenza Activity Map (CDC) 	Data Dashboard <ul style="list-style-type: none"> COVID Data Tracker (CDC) SARS-CoV-2 in Oklahoma Wastewater 	Data Dashboard <ul style="list-style-type: none"> BESP-NET Interactive Dashboard CDC National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus CDC

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COVID-19 after the Federal PHE

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Interim Infection Prevention Guidelines are readily available.

Definition has not changed

- **ONE POSITIVE COVID-19 resident or staff member begins your facility's outbreak response.**

Source Control

- **Recommended for everyone to mitigate spread due to ongoing exposure.**



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Outbreak Testing Process

Contact Tracing

Identified small group

Broad-Based Testing

Unit based or full facility

Test on days 1, 3, and 5 with continued masking through day 10
UNLESS there is a positive result...then-

Move to testing every 3-7 days (once or twice a week) until
 you reach a total of 14 days without identifying any new positive results.

It is not appropriate to complete outbreak testing based only upon someone developing symptoms.

**Testing is not generally recommended for asymptomatic residents who have recovered in the last 30 days.*

**Use of antigen testing is recommended to test those who have recovered in the 31-90 day timeframe.*



Follow Manufacturer and CDC Testing Guidelines

<https://www.fda.gov/media/141570/download>

Resident	Staff
Perform hand hygiene and ensure surfaces used for testing supplies have been cleaned/disinfected.	
Wear all appropriate PPE and change between collection from each resident (even in the same room).	Wear all appropriate PPE, perform hand hygiene and glove changes between swab collections from each individual staff member.
Don't collect multiple swabs in a single batch and transport to another location for testing unless appropriately packaged.	Ensure clear separation of clean/dirty in testing space.



PPE USE: Conventional Strategies

- Always perform hand hygiene at the appropriate times!
- Put on PPE before entering the room of a positive resident, ensuring removal prior to exiting following proper steps.
 - Change PPE between each positive resident even when in the same room.
 - Change PPE between every resident when using empiric precautions for negative residents to mitigate spread during larger outbreaks.
- Use of a fit tested N95 Respirator
- Use of eye protection



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Transmission-Based Precautions and Resident Placement to Mitigate Spread

(evidenced based practices)

1. It is always recommended to place individuals suspected or confirmed to have COVID-19 (or other communicable respiratory pathogens) into a single-person room when available.
2. Dedicate staff to positive residents to reduce the multiple rooms being entered.
3. Rooming residents with the same infection together (cohorting).
4. Use of a dedicated restroom.
5. When restrictions exist preventing separation of +/- residents or exposures are widespread, use PPE responsibly (i.e., change between each resident and perform hand hygiene).



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Duration of Isolation:

Residents May be removed from TBP after:	Staff may return to work (RTW) after:
Minimum of 10 days must pass	Minimum of 7 days have passed since symptom onset or positive test in asymptomatic individuals AND you receive 2 negative antigen tests on day 5 & 7 (or 1 negative PCR 48 hrs prior to return).
	10 days must pass if testing not completed or a positive result is obtained at day 5 or 7.
For symptomatic individuals	
Symptoms improving	
No fever in the most recent 24 hrs w/o fever reducing medications	
Return to normal practices on day 11	



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Staffing Mitigation Strategies

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

There are several steps to address before considering use of these staffing mitigation strategies. Returning staff to work utilizing these criteria is a delicate balance of a safety.

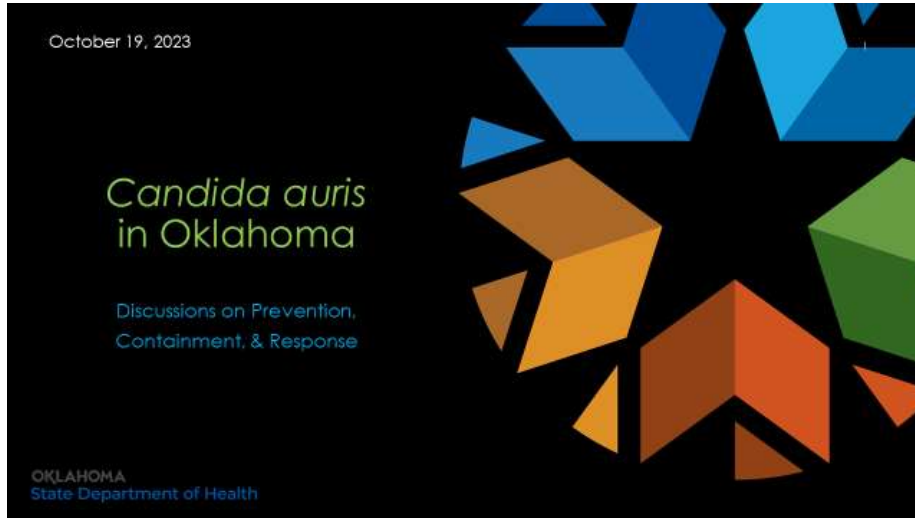
If you perceive this as a need, PLEASE CALL the HAI team and notify LTC!

Contingency	Crisis – LAST RESORT
Shortages anticipated	Shortages occur and continue
RTW after at least 5 days have passed since symptom onset, 24 hours without fever/meds, and symptoms improved. Asymptomatic through illness may return day 6.	RTW if well enough and willing even if they have not met all contingency RTW criteria
Consider testing to confirm resolution of illness	May only work with positive residents



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Presentation on *Candida auris*



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Infection Control

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Shayla Spriggs, MSN, RN
Manager of Survey
Long Term Care Service

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Ombudsman Program Overview

Wednesday, October 18, 2023

Bill Whited
State Long-Term Care Ombudsman

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Ombudsman?

↳ The Swedish word “ombudsman” means “a public official appointed to investigate citizens’ complaints against local or national government agencies that may be infringing on the rights of individuals.” This concept has been applied in many U.S. settings to include complaints against non-governmental organizations and advocacy for individuals and groups of individuals.

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Development

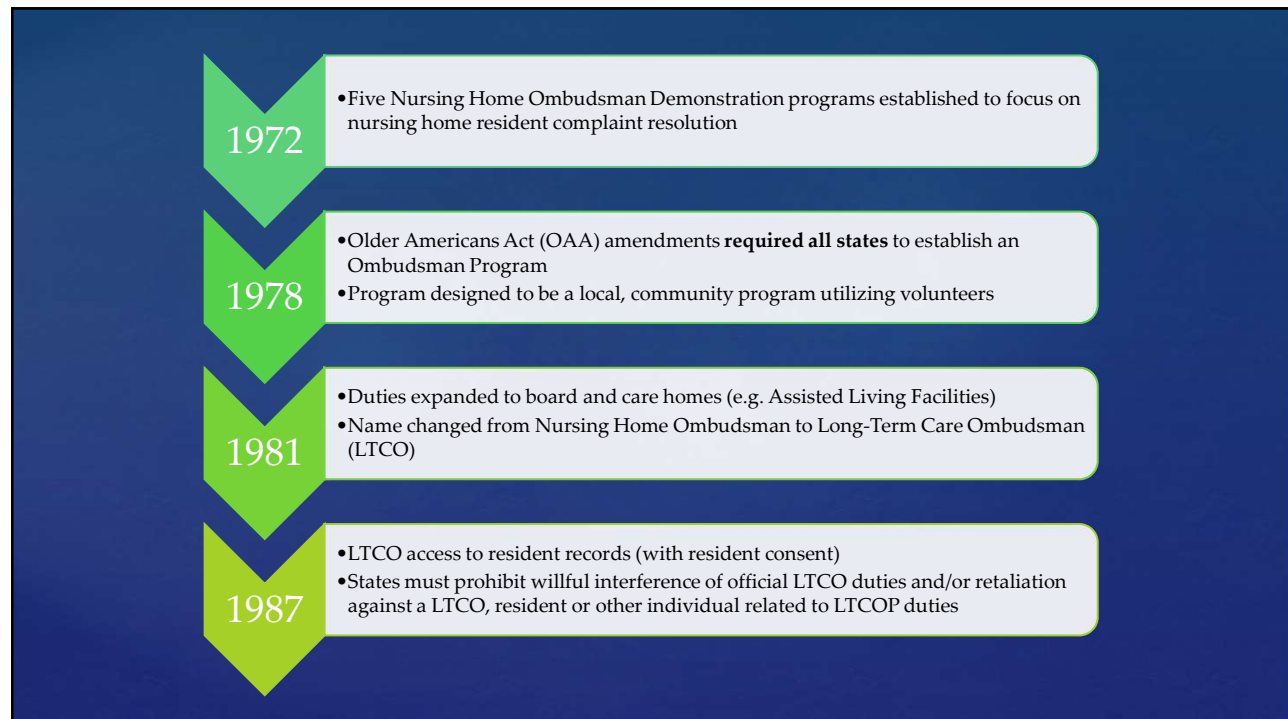


Idea developed by Dr. Arthur Flemming-
Influenced by Swedish model

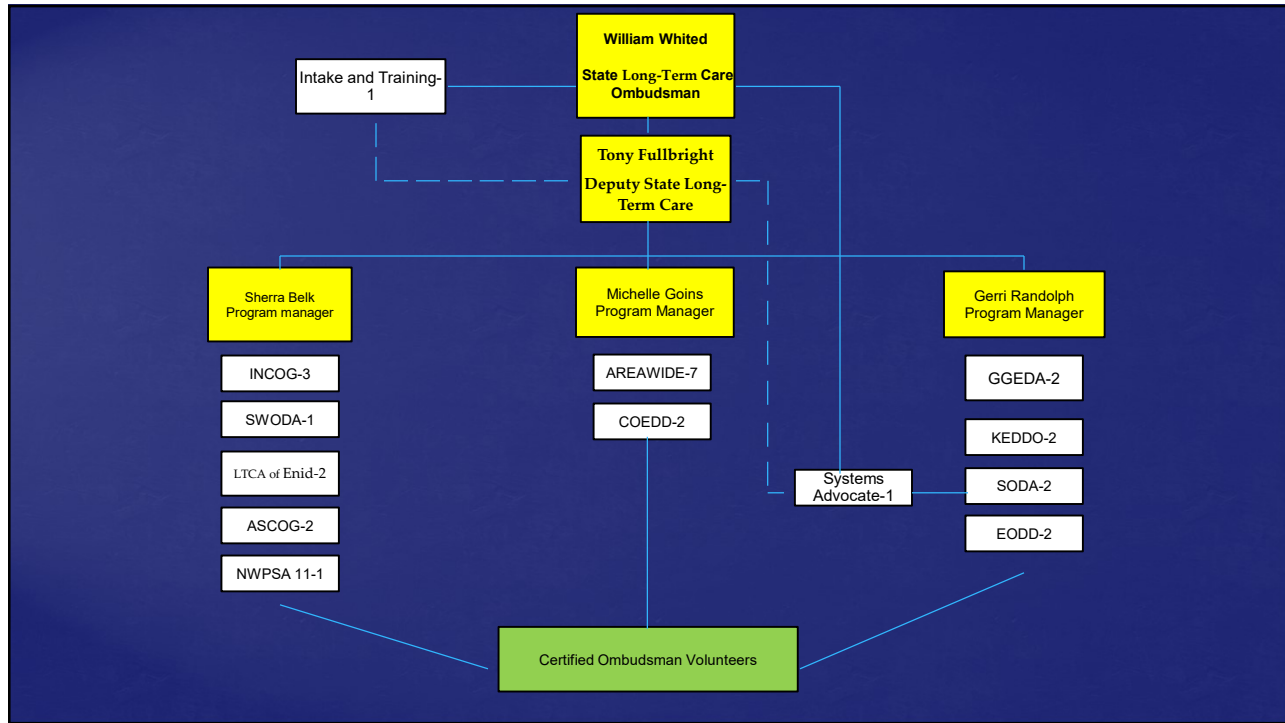
Presidential directive — help states establish units to respond to complaints made by or on behalf of individual residents.

Nursing Home Ombudsman Demonstration Projects contracts granted in 1972.

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Role of the LTCOP: Long-Term Care Ombudsmen...	
<u>Do not</u> conduct licensing and regulatory inspections or investigations	<ul style="list-style-type: none"> LTCO are knowledgeable of federal and state regulations and will advocate to ensure residents benefit from relevant laws and regulations. If necessary, LTCO will file a complaint with licensing and regulatory or advise another individual to do so.
<u>Are not</u> Adult Protective Services (APS) investigators	<ul style="list-style-type: none"> LTCO provide information regarding preventing and reporting abuse, neglect and exploitation. Do investigate some allegations of abuse neglect and exploitation If necessary, LTCO will file a complaint about alleged abuse or advise another individual to do so.
<u>Do not</u> provide direct care for residents	<ul style="list-style-type: none"> LTCO share information about quality care practices and ways to enhance the quality of life for residents.

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Long Term Care Accountability in Oklahoma

AGENCY/ PROGRAM	STATE DEPARTMENT OF HEALTH: PROTECTIVE HEALTH SERVICES	DHS AGING SERVICES: STATE LONG-TERM CARE OMBUDSMAN	DHS ADULT PROTECTIVE SERVICES DIVISION: LONG TERM CARE INVESTIGATIONS	OKLAHOMA HEALTH CARE AUTHORITY
PRIMARY FUNCTION	REGULATION	ADVOCACY AND SYSTEMS OVERSIGHT	INVESTIGATION	MEDICAID
RESPONSIBILITIES	<ul style="list-style-type: none"> • Licenses facilities • Certifies facilities for Medicare/Medicaid • Performs annual compliance surveys and follow-up as indicated • Investigates complaints against facilities relating to violations of the Nursing Home Care Act • Takes enforcement action as appropriate 	<ul style="list-style-type: none"> • Monitors development and implementation of laws and rules affecting residents • Provides information to assist consumers • Represents residents' interests and seeks systems change as needed • Identifies, investigates and resolves complaints against facilities, agencies and individuals 	<ul style="list-style-type: none"> • Investigates allegations of abuse, neglect or exploitation of residents by facility staff • Reports findings to local District Attorney, State Health Department, other enforcement entities as indicated, and to the State Long Term Care Ombudsman 	<ul style="list-style-type: none"> • Contracts with State Health Department for provision of Medicaid certification of facilities • Contracts with facilities for Medicaid payment for services to consumers • Terminates contracts upon notification of de-certification of facility by State Health Department
ENFORCEMENT/ REGULATORY AUTHORITY	YES	NONE	NONE	YES

Other Agencies with Responsibilities for Aspects of Long Term Care Accountability

PROFESSIONAL REGISTRY BOARDS	LOCAL LAW ENFORCEMENT	DHS: COMMUNITY ADULT PROTECTIVE SERVICES (LOCAL OFFICES)	OFFICE OF THE DISTRICT ATTORNEY	OK STATE OFFICE OF THE ATTORNEY GENERAL: MEDICAID FRAUD CONTROL UNIT	US DHHS: REGIONAL OFFICE OF THE INSPECTOR GENERAL
Investigate allegations of unprofessional conduct of board-registered members	Investigates allegations of criminal offenses such as rape, theft, etc.	Investigates allegations of self-neglect and abuse, neglect, or exploitation by persons other than facility staff	Receives investigative reports from other agencies and files criminal charges as appropriate	Investigates allegations of Medicaid fraud or abuse of residents in Medicaid-certified facilities	Investigates allegations of medical providers and suppliers abusing or defrauding the Medicaid system

{ LTCOP Functions

Program requirements in the federal Older Americans Act include:

- ⌘ Regular Routine Visits
- ⌘ Individual Advocacy
- ⌘ Complaint Investigations
- ⌘ Systems Advocacy
- ⌘ Informal Mediation
- ⌘ Legislative Advocacy
- ⌘ In-Service Training
- ⌘ Clearinghouse of information on long-term care.
- ⌘ Media Releases

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{ Nursing Home or Alternative Care in Oklahoma

Publication 87-83



- ⌘ *Home and Community Based Services*
 - ⌘ *Congregate Meals;*
 - ⌘ *Home Delivered Meals;*
 - ⌘ *State Plan Person Care;*
 - ⌘ *ADvantage Waiver;*
 - ⌘ *PACE;*
 - ⌘ *Adult Day Health Services.*
- ⌘ *Domiciliary Services*
 - ⌘ *Independent Senior Housing;*
 - ⌘ *Residential Care Homes;*
 - ⌘ *Assisted Living;*
 - ⌘ *Nursing Homes.*
- ⌘ What Settings do Ombudsman provide Advocacy Services?
 - ⌘ Nursing Homes;
 - ⌘ Intermediate Care Facilities for Individuals with Intellectual Disabilities;
 - ⌘ Assisted Living Centers;
 - ⌘ Residential Care Homes
- ⌘ Choosing a Nursing Home
 - ⌘ www.Medicare.gov ;
 - ⌘ Talk to your Ombudsman;
 - ⌘ Visit the facility;
 - ⌘ Utilize the check list

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Ombudsman Contact Information

William "Bill" Whited
Aging and Disability Hotline: 800-211-2116
Phone: 405-521-6734
Fax: 405-522-6739

<http://www.okdhs.org/programsandservices/aging/ltc/>

Ombudsman.intake.line@okdhs.org
Ombudsmanfax@okdhs.org
CAP.Ombuds@OKDHS.org

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General Comments

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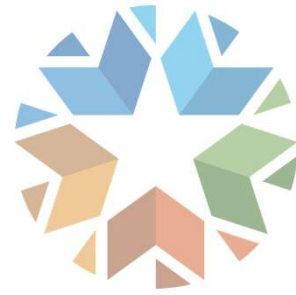
Janene Stewart, MBA
Director
Long Term Care Service

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The Q&A Session has begun



Please submit questions to LTC@health.ok.gov

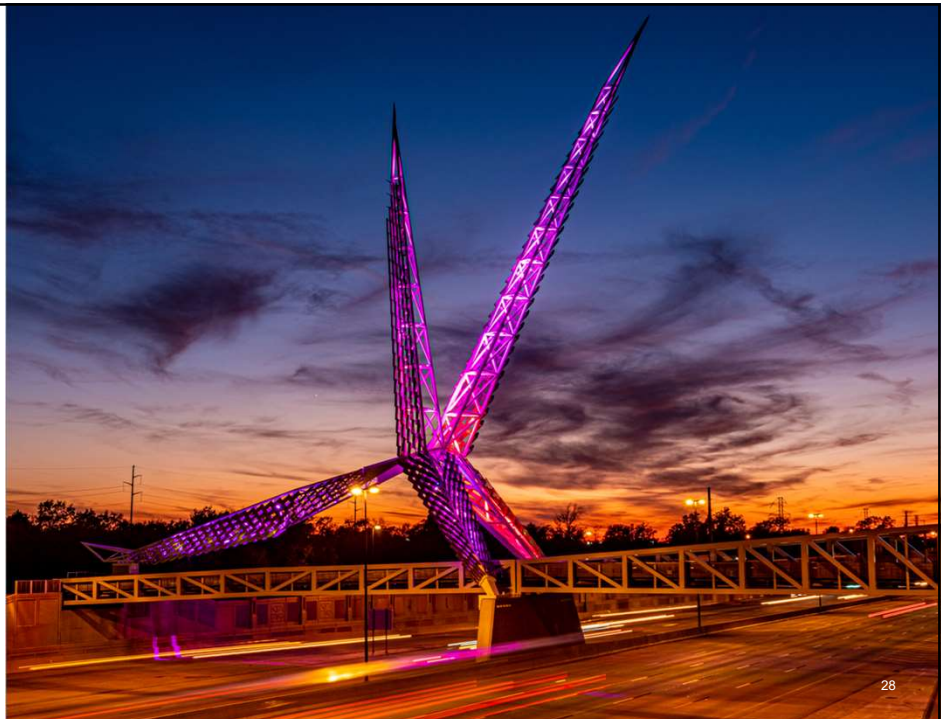
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Closing Comments

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