

GREATER NEW YORK NEWS

Greater New York Health Care Facilities Association

FOR THE NEWS THAT MATTERS TO OUR MEMBERS



Welcoming Arlette & Infection Prevention Insights

Mary Gracey-White, RN, Director of Regulatory Compliance introduces Arlette Drigpaul, MSN, RN to the GNYHCFA team. Arlette reviews the basics and importance of Infection Prevention.

Update on Grants

George Horowitz, GNYHCFA Financial Consultant, reviews the \$20 billion Phase 3 Provider Relief as well as the new grant opportunities that appear regularly.

Life Safety Review

John Kerney, Life Safety Consultant, encourages facilities to review their fire watch policies and conduct in-services for staff when there are changes in policies.

October 14, 2020 Webinar Recap

Our latest webinar explored the impacts of testing and visitation protocols from the Department of Health as well as the required data reporting in Skilled Nursing Facilities. Please find a summary of topics discussed on page 6.

Upcoming Webinar

Our next webinar will take place on November 17, 2020. Please be sure to visit our website at www.gnyhcfa.org for additional information.

Mary Gracey-White

Mary Gracey-White, RN, Director of Regulatory Compliance,

Honoring and Welcoming Arlette Drigpaul MSN, RN, Infection Preventionist

This month GNYHCFA would like to take a moment to give accolades to Arlette who has worked tirelessly as an Infection Preventionist during the pandemic. She has guided the staff at Grandell Nursing Center, providing knowledge and experience in developing and implementing protocols to prevent and mitigate the spread of COVID-19. We would like to welcome Arlette to the GNYHCFA team to share her clinical knowledge and support to our GNYHCFA members!



Infection Prevention

Arlette A Drigpaul, MSN RN

THE BASICS OF INFECTION CONTROL

The dawn of SARS-CoV-2, the virus responsible for the COVID-19 pandemic, has highlighted the importance of stringent infection control measures in Long Term Care Facilities. As such, it is pivotal to get back to the basic tenets of infection prevention and control. The best ways to do this are through education and observations. A good place to start is by reviewing moments for hand hygiene, standard and transmission-based precautions, respiratory hygiene/cough etiquette, donning and doffing personal protective equipment (PPE), safe injection practices and sharps safety, and cleaning and disinfection of environmental surfaces.

While policies and procedures play a vital role in guiding infection control practices, perhaps more beneficial, is routine infection control rounding. Infection control rounds presents a unique opportunity to observe firsthand what occurs on a day-to-day basis in real time. Rounds enhance supervision and allow for interaction with direct care staff encouraging staff feedback and opportunities for onsite education and identifying areas for improvement. Case in point - during one of my rounds, I focused on donning and doffing of PPEs and realized that staff were utilizing proper techniques for donning and doffing but were confusing the order in which to do so. I tried to repeat the steps with the staff but realized that was not really solving the issue. Finally, I asked the question – “Do you have any suggestions that you think might help?” Several people responded by saying that it would help if the steps were written somewhere for them to see. Lo and behold, I typed up a “cheat sheet” with the sequencing for donning and doffing PPEs and taped them on the isolation carts and saw an improvement in donning and doffing of PPE practices! This has since been written into the policy and procedure for signage with regards to transmission-based precautions. Connecting with the staff on the floors also has the added benefit of empowering them and getting them to “buy in” to recommended practices.

Audits and competencies are also other advantageous methods for determining what works and in identifying areas that need improvement. I find it helpful to pick one area of focus at a time (e.g. hand hygiene observations, donning/doffing PPEs, environmental cleaning and disinfection, etc.); this prevents you from becoming overwhelmed. Lastly, infection control is everybody’s business, so do not be afraid to enlist help from members of the interdisciplinary team and other stakeholders!

Grants Update

George Horowitz, Financial Consultant, GNYHCFA

Grants Update

\$20 Billion Phase 3 Provider Relief

On October 1, 2020, the Department of Health and Human Services (HHS) announced the new \$20 billion Phase 3 of the Provider Relief Fund (PRF) General Distribution. Similar to the Phase 2 funding, Phase 3 funding will be made available following the submission of an application by providers. Application submission for funds opened on October 5, 2020 and providers have until November 6, 2020 to complete and submit their applications.

The application process is similar to the Phase 1 & 2 applications, except HHS will be collecting more information on the provider's revenue and expenses from patient care. This is an opportunity for providers to receive payment in addition to the 2% annual net patient revenue. However, Phase 3 will prioritize payments to providers who have not received 2% of their annual net patient revenue through Phase 1 & 2. Remaining funds will be dispersed based on information submitted by applicants, and therefore, additional payment amounts above the 2% net patient revenue will be determined after the application deadline on November 6, 2020. Applications are submitted at the Application Portal (<https://cares.linkhealth.com/#/>) and it is recommended that applications be submitted as soon as possible.

Additional requirements for the Phase 3 round of funding will be Attestation to accept or reject the payment and there are reporting requirements for grants over \$10,000. Recipients will need to submit information on lost revenue, expenses due to COVID-19, and other financial and non-financial information. Finally, all recipients are potentially subject to audits. Providers receiving \$750,000 or more in total from the Provider Relief Fund will be audited. It is strongly recommended that all recipients maintain proper records and documents.

Other Grants

Grants from non-government sources are available, however, many of them require the applicant to be a not-for-profit entity and not an individual or a for-profit entity. An excellent source to review availability of grants is the website Grants.com. Listed below is a grant that a for-profit entity can apply for:

PAR-19-321

- Palliative Care in Home and Community Settings (R01 Clinical Trial Optional)
- Department of Health and Human Services
- National Institutes of Health

Additional research-oriented grant opportunities exist, let us know if you'd like additional information. Please note, there are new grant opportunities appearing regularly. If you are interested in the above opportunity or would like to see these opportunities for yourself, please register at grants.gov.

Life Safety Review

John Kerney, Life Safety Consultant, GNYHCFA

Fire Watch Policies

There is a requirement for a fire watch to be posted and logged when the outage time for sprinkler systems is ten hours with the adoption of the 2012 Life Safety Code. This requirement was changed from outages of four hours. The time for fire alarm outages remained the same – four hours. You must also inform NYSDOH through the HCS. Your plan should call for a fire watch when there is a water outage or any impairment of the fire systems.

Does your plan say you do not have to do the fire watch if the systems are only down for routine testing and maintenance? If so, you should remove that statement as the fire watch is required for any type of outage regardless of the cause. The requirements for your sprinkler impairment plan must meet the of NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. The staff dedicated to the task should be properly trained or hold a certificate of fitness as required in New York City. Notify your insurance company when the sprinkler system is out of service in addition to the local fire department, Fire Marshall and Health Department. When activating review for accuracy telephone numbers in the policy or in your emergency numbers/calling tree.

Don't forget to in-service staff when you change your policies. Make sure you have a documentation sheet prepared for the person doing fire watch to make it easier – every room, canopies, garages, basement, stairwells, attic spaces – anywhere there are sprinklers. Don't forget to implement the plan when you have an outage. If your sprinkler system has been determined to be obstructed, that also requires a fire watch until the system is flushed or replaced.

A sample Policy & Procedure will be posted on the GNYHCFA website for review.

October 14 Webinar Recap

Testing our Patience: Visitation, Testing, and the Impact on our Residents

October 14, 2020

In an effort to continually improve our webinars, we solicited your opinions, took into account your feedback, and as a result, received a much better response as to the efficacy of this webinar's content. We value your input and continually strive to make our webinars as valuable as possible.

We began with a dialogue between Greater New York's own, Michael Balboni and Mary Gracey-White. Michael and Mary discussed the challenges associated with the lack of parity between LTCFs and hospitals, the possibility of a COVID-19 surge, issues of traveling staff, vaccinations, as well as, Point of Care (POC) and PCR testing.

Following this, Dr. Robert Figlerski presented strategies for rebuilding family trust during COVID-19. What people observe in your facility is critical in determining their trust. Dr. Figlerski urged facilities to consider who is performing the initial screenings for incoming personnel and evaluate whether or not such screenings are performed by someone who is diligent, thorough, and knowledgeable. Often, this screening is the first interaction an individual has with the facility and therefore, the first opportunity to gain trust. As said by Dr. Figlerski himself, "good care is based on doing simple things well every day."

Greater New York Health Care Facilities Association would like to thank all attendees for joining us. All presentation slides will be made readily available, and the full-length recording can be found on our website.

To access the presentations or for more information, please contact the Association.