

GREATER NEW YORK NEWS

Greater New York Health Care Facilities Association

FOR THE NEWS THAT MATTERS TO OUR MEMBERS



Rising up to the Ongoing COVID-19 Challenges

Mary Gracey-White, RN, Director of Regulatory Compliance, Arlette Drigpaul, MSN, RN and Mary McGill, RN MSN, review the continued challenges faced during the COVID-19 pandemic and how to rise up against them.

Vaccination Updates & Considerations

Mary Gracey-White and Julia Balboni remind facilities about the federal Pharmacy Partnership for Long-Term Care Program and encourage facilities to think about considerations associated with the arrival of a vaccine.

Life Safety Review

John Kerney, Life Safety Consultant, reviews inspection and testing of emergency generators in facilities including certification requirements, maintenance and testing, and record documentation.

November 17, 2020 Webinar Recap

Our latest webinar explored challenges and strategies to improve facility operations and census as well as a focus on moving facilities forward toward a positive redesign of the environment of care. Please find a summary of topics discussed on page 8.

Upcoming Webinar

Our next webinar will take place on **December 16, 2020**. Please be sure to visit our website at www.gnyhcfa.org for additional information.

Employee Recognition

Elliot Aryeh, MA LNHA Administrator and Director of Operations, Sunharbor Manor

Gina Krasowska RN-ADON

Sunharbor Manor- Roslyn Heights, NY

Gina began her career at Sunharbor Manor 11 years ago as a Unit Manager. During her tenure, she's climbed the clinical ranks serving in such positions as the facility's Nursing Risk Manager, Staff Educator and On-Boarding Coordinator. As our facility educator, earlier this year during the height of the pandemic, Gina was responsible in coordinating the education for a large variety of in-coming staff, ensuring a rapid but sound onboarding experience. She coordinated and provided tremendous oversight on much of the clinical communication that took place for our beloved residents' families. She was deservedly promoted to the role of Assistant Director of Nursing in May of 2020. Appreciated by her residents and respected by her colleagues, we're proud of her work and dedication to our facility and the healthcare workforce.



We ask that facilities send information regarding the celebration of a staff member who went above and beyond during this crisis, as well as any resident to be honored. Please include a picture and a brief summary of why this person was chosen.

Rising to Challenges of the Ongoing COVID-19 Pandemic

Mary Gracey-White, Mary McGill, Arlette Drigpaul

Overcoming Challenges

Though SNFs have learned much and responded strongly and effectively to the pandemic, there continues to be challenges that we need to overcome to ameliorate the impact of COVID-19. Issues such as PPE procurement, testing, and training are a daily challenge. Additionally, the amount of time required for data collection and entry is burdensome for administration. To overcome these challenges facilities must have a vision towards the future to include:

- A culture of infection prevention in our homes
- Ongoing communication with staff, resident, families, hospitals and other stakeholders
- Ensure hospitals are aware of the facilities capabilities including participation in education collaboratives such as CDC, AHRQ and IPRO Infection Prevention Training.
- A commitment by stakeholders to search for well qualified candidates to join the IDT in leadership positions, especially the Infection Preventionist role.
- Connecting with representatives/families prior to admission to provide them with education on what measures the facility has in place to safeguard residents.
- Directly communicating with representatives during the admission process, providing them with a direct contact number to inquire about resident status.
- Informing residents and representatives regarding all changes in the residents' plan of care.

Now more than ever, it is important to identify areas that can sustain and improve the facility's infection prevention and control program (IPCP). This pandemic has brought long term care to a new level and raised the bar for standards of care and practices. Simple things that provide evidence that there is an active infection prevention and control program such as signage (e.g. hand hygiene, cough etiquette, and wearing a face mask) and easy access to hand sanitizers and masks can speak volumes to visitors, staff, and residents with the additional benefits of providing education and access to necessities.

Conduct Unit Rounds with your Team:

- Is the signage relevant to the present state of the pandemic (e.g. If your facility allows visitation, do you still have "No Visitors Allowed" signs posted)?
- How far do you have to walk when exiting a resident room to find hand sanitizer?
- How available are additional face masks and where are they kept?
- Where is your PPE stored and how quickly can you set up Contact and Droplet Precautions when indicated?
- Have you conducted staff interviews on units on the response for a resident who becomes symptomatic and/or experiences a change in condition?
- Is your staff knowledgeable and competent to respond to a COVID-19 outbreak?
- What is the status of Facility Influenza Vaccination for staff and residents?
- Are residents engaged in activities of choice, including small groups that are physically distanced?

Continuing to Meet Regulatory Requirements

During all of this, facilities need to continue to ensure that all regulatory requirements are being met. Morning Meeting/Huddle is key in the identification of quality improvement issues that need to be addressed by the IDT, with time frames and who is responsible, rather than just repeated discussion.

- Resident Safety regarding the prevention of Accidents/Incidents
- Resident/Family Interviews or satisfaction surveys, including following up on any grievances
- Continuing to have CCP meetings with representatives by using phone conference
- Quarterly Quality Assurance meetings to include a review of Facility Assessment and the Emergency Preparedness Manual
- QAPI activities that center around infection control issues

Preparing for Potential Staffing Shortages

- Review Emergency Staffing Plans
- Support core staff as they are essential to operations

Important Reminders

- Please be reminded that if your facility is located in the red, orange or yellow micro-cluster or “hot spots,” all personnel must be tested twice weekly until such time that the facility is no longer in a designated cluster zone. You may utilize [this link](#) to determine if your facility falls into a cluster zone.
- Ensure that all hospitalized residents have a negative COVID test prior to coming to/returning to the facility. Staff need to validate the test was done/results and date of test prior to admission/readmission.
- The New York State Department of Health (NYSDOH) continues to strongly recommend the use of goggles or face shields, in addition to face masks, as universal source control for COVID-19, especially as cases continue to rise in New York State. If a disposable goggle or face shield is being reprocessed, it should be dedicated to one health care worker/staff member. For reprocessing, follow the steps below as outlined by the Centers for Disease Control and Prevention (CDC):
 1. While wearing clean gloves, carefully wipe the *inside*, followed by the outside of the goggles or face shield using a clean cloth saturated with neutral detergent solution or wipe.
 2. Next, wipe the outside of the goggles or face shield using a wipe or clean cloth saturated with an EPA-registered hospital disinfectant solution.
 3. Wipe the outside of the goggles or face shield with clean water or alcohol to remove residue.
 4. Dry fully (may air dry or use clean absorbent towels)
 5. Remove gloves and perform hand hygiene

Resource

CDC (10/27/2020). Strategies for Optimizing the Supply for Eye Protection. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

Vaccination Update

Mary Gracey-White & Julia Balboni

As many of you are well aware, the federal Pharmacy Partnership for Long-Term Care Program, announced last month, will provide end-to-end management of the COVID-19 vaccination process for those facilities who chose to opt-in to the program. It is recommended that all facilities register for the Federal program and that facilities outside of New York City also register for the NYS Vaccination program to ensure access once the vaccine becomes available.

Additionally, facilities will be required to report COVID-19 vaccinations. Based on the location of the facility, reporting will either be done via NYSIIS (New York State Immunization Information System) or CIR (Citywide Immunization Registry).

For facilities outside of New York City: NYSIIS

*If the facility is new to NYSIIS, the organization will need to be added to the system**

- NYSIIS Help Desk: 866-389-0371; nysiishelpdesk@DXC.com Complete the NYSIIS Standard User Training

For Facilities Within NYC: CIR

- Visit <https://www1.nyc.gov/site/doh/index.page>

Although we recognize that we have not yet entered the distribution phase, it is our recommendation that facilities begin to think about some of the practical considerations associated with the arrival of a safe and effective vaccine. To prepare at the facility level, it may be worthwhile to give some forethought to the following:

- Who will provide residents and families with vaccine-related information, who will address questions/concerns?
- Who will obtain individual resident consents/consents from their representatives?
- Who will ensure in-house documentation within the medical record?
- Who will obtain the vaccine when available and ensure proper storage and handling?
- Who will educate staff on vaccine-related processes and procedures?
- Who will monitor residents for potential adverse reactions?

If your facility has missed the extended November 13th enrollment deadline, you can still sign up for the federal program by following the directions below.

- If your facility is a CMS-certified and reports via the National Healthcare Safety Network (NHSN), you may log-in to NHSN via the SAMS portal [here](#) and under Alerts, you'll find a link to the Pharmacy Partnership Program.

**Note:* You will not receive an email confirmation following your enrollment. Rather, the CDC will communicate this information to your chosen pharmacy provider. When it is time to schedule on-site clinics, CVS or Walgreens will reach out to your facility directly to coordinate the event.

Life Safety Review

John Kerney, Life Safety Consultant, GNYHCFA

INSPECTION AND TESTING OF EMERGENCY GENERATORS

Certification Requirements

NFPA 101(12), Sec. 7.9.2.4 requires that emergency generators providing power to emergency lighting systems be installed, tested and maintained in accordance with NFPA 110, *Standard for Emergency and Standby Power Systems*. NFPA 101(12), Sec. 9.1.3.1 also requires that, where required for compliance with the Code, emergency generators and standby power systems be installed, tested and maintained in accordance with NFPA 110. NFPA 101(12), Sec. 2.2 references the 2010 edition of NFPA 110.

Buildings that fall under Chapter 18 of NFPA 101(12) and are equipped with or in which patients require the use of life-support systems (e.g. hospitals, nursing homes with residents on ventilators) must also meet the applicable provisions of the 2012 edition of NFPA 99, *Standard for Health Care Facilities* [see NFPA 101(12), Sections 18.2.9.2, 18.2.10.5, 18.5.1.2 and 18.5.1.3].

Provisions dealing with maintenance and testing of emergency generators can be found in NFPA 99(12), Sec. 6.4.4.1.1.4. This section starts out by referencing NFPA 110, but also deals with such issues as:

- Testing intervals
- Test conditions
- Personnel qualifications
- Maintenance and testing of circuitry
- Maintenance of batteries

Title 10 713-3.25 h requires that emergency generators be inspected, tested and maintained in accordance with the 2010 edition of NFPA 110.

Maintenance and Testing – Applicable Standards

Requirements for routine maintenance and operational testing of emergency generators can be found in:

- Chapter 8 of the 2010 edition of NFPA 110
- Sections 6.4.4.1.1, 6.5.4.1.1 and 6.6.4.1.1 of the 2012 edition of NFPA 99

DOCUMENT Your Inspections and tests

NFPA 110(10), Sec. 8.3.3 requires the establishment of a written schedule for routine generator maintenance and testing. A sample schedule can be found in Annex A of the standard [see Figure A.8.3.1(a)]** or may even be available from the equipment manufacturer [see also: 2012 *Health Care Facilities Handbook* Annex B, Figure B.6.2].

**Because there is a lot riding on the successful operation of a facility's emergency generator, it is strongly recommended that the schedule for Level 1 EPSS be followed when establishing your maintenance schedule.

A written record of generator inspections, tests, exercising, operation and repairs must be maintained on the premises and be available for review by the inspector on request. This record must, at a minimum, include: the date of the report, name(s) of the person(s) providing the service, identification of unsatisfactory conditions and corrective action taken (including parts replaced), and any testing of repairs recommended by the manufacturer [NFPA 99(12), Sec. 6.4.4.2; NFPA 110(10), Sections 8.3.4 and 8.3.4.1].

It is important that at least two people in your facility know where your logs are kept increasing the likelihood that they can be readily provided if requested during an inspection. It is recommended that these logs be maintained for at least three years.

Please visit [GNYHCFA's website](#) for additional information.

November 17th Webinar Recap

Laura Brick

Strategies for Rebuilding & Maintaining Census in a COVID World

November 17, 2020

We began with a conversation between Michael Balboni, the Executive Director of GNYHCFA, and Elliott Aryeh, an administrator with over 20 years of experience in the Long-Term Care (LTC) Industry. Mr. Aryeh is a 2-time recipient of the ACHA Facility Leadership Award, has participated in several Quality Improvement collaborations and is known for his ability to foster clinical affiliations within the medical/hospital fields. He offered his thoughts on how the LTC Industry will need to adapt following the COVID-19 pandemic. He stressed the importance that facilities need to re-gain consumer faith and modify the services offered to adapt to the times and well-being of each resident. As acknowledging census is an issue in nursing homes, he shared the theory of “internal sales” – where happy employees will attract clients by word of mouth.

Next, Mr. Balboni spoke with Mary McGill, a VP of Clinical Services with board certifications in Gerontology and Dementia Training. Ms. McGill is also a valued GNYHCFA consultant. As a former DNS with over 20 years of experience, she spoke of the benefits to appreciating your staff and being mindful that they have gone above and beyond through this pandemic. She focused on how many of the challenges associated with this pandemic have empowered LTC Facilities. A key point of discussion was that throughout the pandemic, Infection Prevention is a part of culture now and the confidence associated with this knowledge is the key to rebuilding trust. Ms. McGill also stressed that facilities need Respiratory Protection Program with N95 fit testing and referenced the guidance and sample RPP that GNYHCFA distributed.

As Ms. McGill mentioned, rebuilding the census is a challenge for all of us. Most SNFs have processes in place to allow for:

- Partnership with local hospitals
- Direct communication between the SNF IP and the Hospital IP
- Review of discharges and readmissions
- Connecting with representatives/families prior to admission to provide them with education on what measures the facility has in place to safeguard residents.
- Directly communicating with representatives during the admission process, providing them with a direct contact number to inquire about resident status.
- Informing representatives regarding all changes in the resident’s plan of care.

Following this, Mr. Balboni and Mary Gracey-White discussed the NYS Zone Initiative and that visitation is not permitted in orange and red zones. The recent Recertification Surveys have resulted in citations in Emergency Preparedness and facilities need to focus on all regulatory aspects in day-to-day operations along with Infection Prevention, which was emphasized throughout their discussion.

In the final segment, Mr. Balboni spoke with Barbara Speedling. Ms. Speedling is an innovator with more than 30 years of practical experience within the adult care community. She is the expert who providers turn to when they want to ensure that the services they provide meet not only the physical needs of their residents, but their emotional and psychosocial needs as well. Ms. Speedling suggested that facilities bring back the human element to nursing facilities. She offered recommendations such as having a one-person concierge when a resident is first admitted to learn more about the resident. She noted that idle time is an issue for residents and in the time of COVID, idle time has been elevated. Ms. Speedling offered tips as simple as placing a plastic sheet in the doorway of the residents' room instead of closing the door, thereby allowing the resident to not feel isolated in the room. She also offered tips as involved as a facility wide closed-circuit channel, allowing everyone to do something together even when alone. Lastly, in alignment with Ms. McGill's conversation, the Interdisciplinary Team (IDT) should have the Activity Preference Guide available for easy reference.

The Comprehensive Care Plan (CCP) should reflect:

- How the resident continues to respond to the pandemic
- Preferences regarding activities
- Evaluation of satisfaction with activities and the need to offer alternatives

GNYHCFA would like to thank attendees for joining us. All slides will be made available. Additionally, we value your input and continually strive to make our webinars as valuable as possible. If you have any ideas, opinions or feedback we welcome you to share with the GNYHCFA Team.