



Nursing Home Weekly: Recap of LeadingAge Updates

August 12, 2022

LeadingAge Coronavirus Calls Next Week. All calls are at 3:30 PM ET. Can providers really use TikTok for frontline staff training? And COVID data of all kinds – how can it help us with staffing and inform our thinking about how to support team members? On Monday, August 15, Teepa Snow will join the Update Call to talk about her Positive Approach to Care and her use of TikTok videos as training resources. We'll hear how providers have used the videos and some ways to support exhausted staff members. She'll also share her thoughts about the impact of the pandemic on people with brain change.

Ashley Kirzinger, Director of Survey Methodology at the Kaiser Family Foundation will return to the LeadingAge Update Call on **Wednesday, August 17**. She will discuss new data KFF has collected on vaccines, the differential impact of the pandemic on different groups within the population and related equity issues, and talk about how analyses of the data can support aging services providers as they work to improve staff recruitment and retention.

If you haven't registered for LeadingAge Update Calls, [you can do so here](#). You can also find previous call recordings [here](#). Note that to access recordings of the calls you need a LeadingAge password. Any staff member of any LeadingAge member organization can set up a password to access previous calls and other "members only" content.

Data Submission for AHRQ SOPS Nursing Home Survey. Voluntary data submission for the SOPS Nursing Home Database opens **September 1 – 21** for nursing homes that have administered the [Agency for Healthcare Research and Quality \(AHRQ\) Nursing Home Survey on Patient Safety Culture](#). Participating nursing homes will receive a feedback report displaying their results as well as aggregated, de-identified results from all database participants for patient safety improvement purposes. Nursing homes that have *not* previously administered the survey still have time to participate. [Select to access survey and supporting materials](#) and [learn more about database submission](#).

For questions, please contact the AHRQ patient safety culture databases team at 1-888-324-9790 or email DatabasesOnSafetyCulture@westat.com.

LeadingAge Article with Details on Changes to SNF VBP & QRP programs in final FY2023 SNF PPS Rule: Attached is an [article](#) that summarizes the new measures and processes being implemented for the SNF Value-Based Payment and Quality Reporting Programs. It also highlights which measures SNFs should pay attention to now because data is already being collected. LeadingAge staff will be reviewing these items with the **Quality & Risk Management member Network on Friday, August 19**. Email Nicole (NFallon@LeadingAge.org) if you would like the details for this upcoming meeting. Members or state staff wishing to join the QARM Network can sign up [here](#).

Nursing Home Site Visits by Abt Associates. CMS contractor Abt Associates have begun reaching out to nursing homes to schedule site visits as part of the larger CMS nursing home staffing study. We reached

out to Abt to gain more detailed info. Read [here](#). Note that only 65 nursing homes across the country will be selected for site visits.

New Nursing Home RoPs Guidance 2022 Resources: Check out 2 new Quality of Life implementation checklists for the new nursing homes RoPs 2022 guidance. You can find checklists for F675 Quality of Life and F679 Activities Meet Interest/Needs of Each Residents on the LeadingAge [Nursing Home RoPs Tools and Resources](#) page.

SNF Reporting Deadlines: Reporting deadlines for the SNF QRP and PBJ data are coming up next week, August 14 and 15. CMS reminds providers to run the appropriate CASPER reports and make any corrections as needed in advance of these deadlines. Information on SNF QRP reporting can be found [here](#). Information on which reports to run for PBJ data reporting can be found in [this LeadingAge article](#).

Developing Successful Volunteer Opportunities in Dementia Programs: This NADRC webinar will be held on **Tuesday, August 30, 2022, from 1:00 p.m. to 2:00 p.m. ET and will** discuss how volunteers can provide support to organizations serving people with dementia and their caregivers through helping them expand their capacity for long-term sustainability. The discussion will focus on how selected dementia programs recruit, train, and retain volunteers by providing them with meaningful work. Register [here](#).

New COVID Community Guidance (NOT FOR HEALTHCARE SETTINGS). CDC released updated COVID guidance today for community settings. Guidance updates are based on this [Morbidity and Mortality Weekly Report](#). (See details from CDC in item #12 below.) **The new guidance does not apply to healthcare settings**, though we are told we are getting closer to seeing updates for healthcare settings too. There has been confusion in the past about which guidance different LeadingAge member settings should follow. Nursing homes (including residents, staff, and visitors) will continue to follow the healthcare settings guidance. CDC is currently in discussion about which guidance other settings, such as assisted living, should follow. We will share updates as they are released.

CDC Guidance on Monkeypox. Keeping monkeypox on your radar. . .don't forget to review the CDC recommendations [here](#). While you may be watching for monkeypox related to resident sexual contact, be mindful of other ways in which this virus might spread, including other physical contact or high-contact care. Be mindful of exposure between residents, residents and visitors, and residents and staff.

New Report Released “Direct Care Workers Count: Why Data Matters to Advance Workforce Equity.”

The Center for Advancing Racial Equity and Job Quality in Long Term Care released a new report on the role of data in advancing workforce equity for the direct care workforce. The report makes a number of recommendations, some of which are underway and some which need to be acted upon. The recommendations are:

- Create a federal standard dataset of direct care workforce data which sets a “floor” for states to build upon;
- Coordinate the national data collection effort;
- Appropriate designated federal funds to equitable data collection and system maintenance
- Collect robust demographic data in standardized categories and disaggregate the federal standard dataset to facilitate cross-referencing and equity assessments;

- Mandate meaningful worker engagement and participatory, community-led data collection, and utilize a Black Women Best model and “data feminism” framework; and
- Center workers in their own words by designing and implementing the first national worker-centered survey of direct care workers.

The full report can be found [here](#).

FROM CDC:

Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems. CDC [published an MMWR on guidance for minimizing the impact of COVID-19 on individual persons, communities, and health care systems](#) . High levels of immunity and availability of effective COVID-19 prevention and management tools have reduced the risk for medically significant illness and death. To prevent medically significant COVID-19 illness and death, persons must understand their risk, take steps to protect themselves and others with vaccines, therapeutics, and nonpharmaceutical interventions when needed, receive testing and wear masks when exposed, receive testing if symptomatic, and isolate for ≥ 5 days if infected. Medically significant illness, death, and health care system strain can be reduced through vaccination and therapeutics to prevent severe illness, complemented by use of multiple prevention methods to reduce exposure risk and an emphasis on protecting persons at high risk for severe illness.

COVID-19 Self-Test Data: Challenges and Opportunities. CDC [published an MMWR on COVID-19 Self-test data](#). COVID-19 self-test use has increased but reporting of results is not required. During October 31, 2021 to June 11, 2022, 10.7 million test results were voluntarily reported by users of four manufacturers’ self-tests; during that period, 361.9 million laboratory-based and point-of-care test results were reported. Completeness of reporting demographic variables and trends in percent positivity were similar across test types. Self-tests are a valuable risk-reduction tool that can guide individual actions, but they currently offer limited utility in enhancing public health surveillance. Laboratory-based and point-of-care test result data, in combination with other COVID-19 surveillance information, continue to provide strong situational awareness.