COVID-19 and Social Isolation

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COVID-19 and Social Isolation

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HHI C.A.R.E.S. About Care

Compliance | Analysis | Audit | Regulatory | Rehabilitation

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President and CEO

Owns and operates
Harmony Healthcare International (HHI) a Nationally recognized, premier Healthcare Consulting firm specializing in C.A.R.E.S.
There are no nonfinancial disclosures to share.

"HHI C.A.R.E.S. About Care."

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Learning Objectives

1. Identify the eight core elements of infection control with their application to visitation, treatment, and activities that increase socialization
2. Identify examples of effective strategies for communication, implementing successful changes to increase socialization, and avoid citations
3. Understand and articulate a system that can safely increase socialization, decrease the stress level, provide a consistent routine

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Loneliness

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Loneliness – Definition

- Definition of loneliness:
  - "A debilitating psychological condition characterized by a deep sense of
    - emptiness,
    - worthlessness,
    - lack of control, and
    - personal threat."
  - Some of those characteristics apply equally to depression, and it's true that loneliness sometimes gives way to depression

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Loneliness Risks

- Robert Putnam's best selling book Bowling Alone: The Collapse and Revival of American Community sounded the alarm about societal changes driving new levels of isolation and alienation
- Research shows we are amid a loneliness epidemic
- Loneliness is a disease
- Loneliness poses a serious physical risk
- Predictor of premature death
- Social connection is a bigger risk factor than obesity
- Equivalent of smoking up to 15 cigarettes a day

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Loneliness and the Brain

- Epidemic is only getting worse
- Causes serious hurt acting on the same parts of the brain as physical pain
- Subjective feeling of loneliness
- The internal experience of disconnection or rejection is at the heart of the problem
- Loneliness is so insidious because it hides in plain sight
- "The need for intervention is urgent" says Harvard physician and public health researcher Jeremy Nobel

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Loneliness and Illness

- Lonely people are more likely to die from cardiovascular disease, cancer, respiratory illness, and gastrointestinal causes – essentially everything
- Those with fewer than 3 people they could confide in and count on for social support were more than twice as likely to die from heart disease than those with more confidants
- Loneliness contributes to countless health woes
- Lonely people who got sick suffered more severe symptoms than the nonlonely
- Lonelier people feel worse when they are sick

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Loneliness Who

- The extent which loneliness afflicts those who aren't isolated
- People who are married, have relatively large networks of friends and family
- Many of us crave solitude which is restorative and peaceful
- This can be misery for others or even for the same person as different times

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Loneliness Physical Ramifications

- Rejection resembles physical pain
- Painkillers can ease the ache of loneliness
- Loneliness hurts
- The pain receptors that evolution planted in our bodies so we would keep our distance from a fire, the pain of loneliness grabs our attention and urges us to seek a remedy
- Humans are social animals

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Loneliness and Physical Ramifications

- It is an aversive state that has evolved as a signal to change behavior, very much like hunger, thirst or physical pain, to motivate us to renew the connections we need to survive and proser
- Lonely people have less restful sleep, higher blood pressure, and increased levels of the hormone's cortisol and epinephrine, these, in turn contribute to inflammation and weakened immunity

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Loneliness- Response Fight or Flight

- The need, left unmet, still has the power to kill us – just by a slower, more invisible mechanism than starvation or predation
- Pain of isolation can make us more likely to lash out at the people we feel alienated from
- Fight-or-flight system is activated, more likely to fight someone than hug them
- Loneliness promotes an emphasis on short-term self-preservation, including an increase in implicit vigilance for social threats

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Loneliness –Negative Feedback Loop

- Emerging theory of loneliness
- It doesn't just make people yearn to engage with the world around them
- It makes them hypervigilant to the possibility that other mean to do them harm which makes it less likely that they'll be able to connect meaningfully
- Negative feedback loop makes chronic loneliness (as opposed to situational loneliness) intractable
- Chronic Loneliness make the fight-or-flight response kick into perpetual overdrive

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Loneliness- Negative Feedback Loop

- Chronically lonely people approach social interactions with the expectation that it will be unfulfilling
- They pay more attention to negative signals from others
- Being married doesn't protect you from loneliness

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Loneliness – Seniors

- Very elderly are at a higher risk for chronic loneliness because they often lost partners, siblings, and friends and because health and mobility problems can get in the way or social activity

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Loneliness- Veterans

- Especially lethal for military veterans
- A 2017 study by Yale researchers found that the biggest contributor to veteran suicides – on average, 20 a day – was not war-related trauma but loneliness
- Loss of "brotherhood" – the tight bonds formed through shared mission and sacrifice
- Roughly 40% of Americans reported regularly feeling lonely in 2010

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Loneliness - Teens

- Loneliness has also **skyrocketed among teens** and young adults
- **Ages 16-24** are most likely to report feeling lonely
- Many experts **blame social media**
- **Very elderly** are at a **higher risk for chronic loneliness** because they often lost partners, siblings, and friends and because health and mobility problems can get in the way or social activity

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Loneliness – Italy

- Sardinia, Villagrande Strisaili is one of the mountainous regions around the world where more people live past the age of 100
- Like within a social fabric knit so tightly that, while seemingly impervious to outsiders, it shelters its residents in a uniquely warm, protective embrace
- Life literally and figurately revolves around the town square
- Bonded both by kinship and by millennia of shared history and common purpose
- Creating communities that deliberately foster close social bonds

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Loneliness –Social Groups

- Cohousing movement in which residents share chores and tend to common spaces together, as they have in communes and kibbutzes
- Village Movement – forming neighborhood organizations
- Cultivate connection by making it a propriety akin to exercise
- Just getting together to play cards once a week can add years onto your life
- Authentic self with another person
- Creative arts

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Loneliness – Quality Not Quantity

- Loneliness is a perceptual state that depends more on the quality of a person's relationships than on their sheer number
- It's all about how the person feels

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Loneliness – Medical Implications

- More susceptible to viruses
- Strongly correlated with cognitive decline and dementia
- Twice as likely to develop Alzheimer's

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Loneliness – Versus Depression

- Distinguishing the effects of loneliness from those of depression:
  - Depression does elevate the risk for Alzheimer's slightly, but not nearly as much as loneliness.
- Loneliness and depression would go hand in hand
- Definition of loneliness:
  - "A debilitating psychological condition characterized by a deep sense of emptiness, worthlessness, lack of control, and personal threat."
  - Some of those characteristics apply equally to depression, and it's true that loneliness sometimes gives way to depression.

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Loneliness

- Loneliness can be an **accurate predictor of depression**; depression doesn't necessarily predict loneliness
- Loneliness not only leads to an increase in depressive symptoms but also to **increased stress, anxiety, and even anger**
- **Primal Roots:**
  - Overlap between social and physical pain

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Loneliness- Cause

- Places blame squarely on the rise of digital culture
- People lack Connecting meaningfully with others in person requires us to be ourselves, openly and genuinely
- Online conversation leaves us feeling empty because they lack depth.
- Feeling lonely while together online
- And when we get together, we are quite frankly less prepared than before to listen
- We have lost empathy skills

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Loneliness Spread

- Loneliness is contagious
- It spreads in clusters throughout social networks

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Loneliness- Relationship with Reciprocity

- The basis of a meaningful bond is reciprocity
- A lonely person can't just answer a lot of questions for an hour and feel connected
- He or she must do something
- Traditional efforts to reach out to the lonely – by say, visiting a nursing home- are often unsuccessful:
  - They fail to foster deep, meaningful engagement
- The encounter is pleasant but fleeting, and effects don't last
- If I talk to someone for an hour and then leave, they're still lonely

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Loneliness- Social Fitness

- Social fitness for people at particularly high risk for chronic loneliness: soldiers returning from Iraq and Afghanistan
- Working with 48 Army platoons, they taught the soldiers to identify behaviors that reinforce loneliness and to substitute more positive behaviors
- For example, a soldier who kept looking down at his phone was reminded to put the phone away and engage with the people around him; someone tempted to avoid conversation

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Loneliness- Public Health Priority

- A major barrier to treating loneliness is the reluctance many feel to even acknowledge that it affects them.
- Psychologist and neuroscientist Holt-Lunstad, testified before the U.S. Senate Committee on Aging on the need to elevate loneliness to a public health priority on the same-level as smoking and obesity.
- Hearing loss among older Americans contributes to increased isolation and loneliness.
- Congress has since passed legislation to make hearing aids more accessible.

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Talk to Strangers

- Small talk isn't so small, so take the plunge and converse with someone beside you on the bus or in line at a store
- **"Just chatting makes us happier and healthier,"** says Susan Pinker, author of *The Village Effect*
- We can feel much better **after just 30 seconds** of talking to someone in person, whereas we don't get that benefit from online interaction.

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Give It Seven Minutes

- According to the "seven-minute rule," it takes that long to know if a conversation is going to be interesting
- Sherry Turkle, the author of *Alone Together* and *Reclaiming Conversation,* acknowledges that it can be hard, "but it's when we stumble, hesitate, and have those 'lulls' that we reveal ourselves most to each other."

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Schedule Facetime

- What does face-to-face contact with friends and family give us that virtual communication lacks?
- For one thing, it boosts our production of endorphins, the brain chemicals that ease pain and enhance well-being
- In-person interaction improves physical health

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If You Can't Get Face Time, Choose FaceTime

1. **Being there in person** is always best,
2. **Video conferencing** by Skype or FaceTime can help people divided by distance **maintain the bonds** they built in person, according to researchers
3. **Phone calls** are the next best thing – hearing the other person's voice is a form of connection – while relationships conducted primarily by email or text tend to wither fastest
4. **Mail** and Letters, Cards, Postcards, etc.

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Use Social Media Wisely

- Social media isn't inherently alienating, says Harvard epidemiologist Jeremy Nobel, but to create sustainable connections, it should be used purposefully.
- "If you're just using Facebook to show pictures of yourself smiling on vacation, you're not going to connect authentically," he says.
- Instead, within the larger platforms, create smaller social networks, such as an online book club where you can share meaningful personal reactions with a select group of people.

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Be a Good Neighbor

- Getting to know your neighbors yields more benefits than access to a cup of sugar when you run out.
- One study found that higher “neighborhood social cohesion” lowers your risk for a heart attack.
- So, invite your neighbors over for coffee and offer to feed their cats when they go out of town.
- You’ll be happier and healthier for it.

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Eat Together

- "Eating together is a form of social glue," writes Susan Pinker in *The Village Effect.*
- Evidence of communal eating dates back at least 12,000 years:
  - Sharing food was a way to resolve conflicts and create a group identify among hunter-gatherers long before villages existed.

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Get Creative

- Participating in the creative arts– from joining a chorus to organizing a craft night – helps us connect deeply without talking directly about ourselves, Nobel says.
- "A lot of people can't find the spoken words to express their feelings, but they can draw them, write expressively about them, or even dance them," he says.
- "When someone else pays attention to them and allows them to resonate with their own experience, it's as if an electric circuit gets completed, and they're connected."
- Making art together pulls you into a deeper connection with each other.

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Talk About It

- When Julia Bainbridge struggled with loneliness as a single New Yorker, she started a podcast, *The Lonely Hour,* and found that just talking about her feelings made her feel less lonely.
- She was surprised to find out how many people felt the same way- and what a relief it was to know that she wasn't along in her loneliness.
- Whether to a podcast audience, a friend, or a therapist, we can all benefit from talking about feelings of isolation.

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Touch Someone - Literally

- Hugging, holding hands, or even just patting someone on the back is powerful medicine.
- Physical touch can lower our physiological stress response, helping fight infection and inflammation.
- And it cues our brains to release oxytocin, which helps strengthen social bonds.

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Infection Control
Core Elements

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Infection Control
Core Elements Introduction

- Best practice is Infection Prevention
- All disease processes are easier to prevent than to manage control of the disease
- This is true of heart disease, diabetes and obesity

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Infection Control Core Elements
Introduction Skilling Isolation and Quarantine

- According to the CDC, isolation is for people who are ill, while quarantine applies to people who have been in the presence of a disease but have not necessarily become sick themselves. Per the CDC,

"Isolation separates sick people with a contagious disease from people who are not sick."

- Isolation is for patients with symptoms and or positive tests
- Quarantine is for patients exposed but exhibits no symptoms

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Infection Control Core Elements Introduction Skilling Isolation

- **Isolation** (Z29.0) and **COVID-19** (UO7.1)
- **Coding isolation** for a patient with an active infectious disease places them into an ES1 nursing category under both Medicare Part A and certain Medicaid Case Mix states

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Infection Control Core Elements Introduction Skilling Isolation

To properly code isolation on the MDS, the patient requires:

- Isolation for a minimum of one day
- MD Orders for isolation
- Active Infectious disease ICD-10 coded:
  - On the UB-04 and
  - On the MDS (Section O. and I.)
- All treatments rendered in the patient's room with documentation to support said services are provided at bedside
  - Isolation cannot be coded if the patient is being "co-horted", meaning rooming with another patient

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Infection Control Core Elements
Introduction Daily Skilled Documentation

- **Skilled (Medicare Part A) Observation and Assessment** is Indicated when there is a reasonable probability or possibility for complications or the potential for further acute episodes
- This references conditions where there is a **"reasonable probability or possibility"** for:
  - Complications
  - Potential for further acute episodes
  - Need to identify and evaluate the need for modification of treatment
  - Evaluation of initiation of additional medical procedures

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Infection Control Core Elements
Introduction Daily Skilled Documentation

- Daily observations and assessments include but are not limited to, fever, dehydration, septicemia, pneumonia, nutritional risk, weight loss, blood sugar control, impaired cognition, mood, and behavior conditions
- Example of Daily Skilled Documentation
  - "This patient requires daily skilled nursing observation and assessment of signs and symptoms related to exacerbation of COVID-19, pneumonia, and related medical conditions."
- Skilled observation is required until the treatment regimen is essentially stabilized, and the patient is no longer at risk for medical complications

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Infection Control Core Elements
Introduction Quarantine and Skilled Care

- Although a quarantined patient may not have symptoms, the mere fact the patient was **potentially exposed to COVID-19** warrants daily skilled nursing to observe and assess for signs and symptoms of COVID-19
- **Observation and Assessment** references conditions where there is a "reasonable probability or possibility" for the nurse to:
  - Evaluate the patient's condition i.e., observe and assess for fever, body aches, loss of appetite,
  - Identify acute episodes, and
  - Identify the need for treatment (modifications)
  - Initiate treatment changes

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Infection Control Core Elements
Introduction Quarantine and Skilled Care

- In addition, the nurse may provide observation and assessment of signs and symptoms related to:
  - Dehydration,
  - Septicemia,
  - Pneumonia,
  - Nutritional risk,
  - Weight loss,
  - Blood sugar control,
  - Impaired cognition and
  - Mood and behavior conditions

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Infection Control Core Elements Introduction Quarantine and Skilled Care

- Nurses need to document the defined assessment **on a daily basis**
- This may include neurological, respiratory, cardiac, circulatory, pain/sensation, nutritional, gastrointestinal, genitourinary, musculoskeletal, and skin assessments
- In these situations, the Nurse may write:
  - **"This patient requires daily skilled nursing observation and assessment of signs and symptoms related to COVID-19."**
- Skilled observation is required until the **treatment regimen is essentially stabilized**

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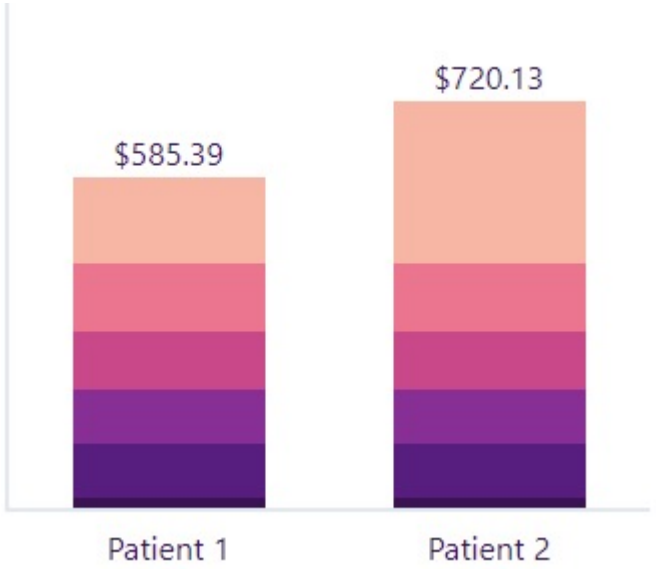
Infection Control Core Elements
Introduction Reimbursement Medicare Part A Skilled Care

- The difference in reimbursement for accurately coding **isolation** for a patient with **active infectious disease** in rural Vermont

Patient 1				Patient 2			
Avg Daily Rate				Avg Daily Rate			
$585.39				$720.13			
30 days				30 days			
PT/OT	SLP	Nursing	NTA	PT/OT	SLP	Nursing	NTA
TK	SA	CBC2	ND	TK	SA	ES1	ND
HIPPS				HIPPS			
KAND1				KACD1			
Vermont				Vermont			
Duplicate	Delete			Duplicate	Delete		

$ Impact Isolation COVID-19 (VT) =

$720.13 - $585.39 =
$134.74 per day
x 100 days =
$13,474



*Courtesy of Hopforce PDPM Calculator: https://pdpm-calc.com/

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Infection Control Core Elements
Introduction Reimbursement Medicare Part A Skilled Care

- The difference in reimbursement for accurately coding **isolation** for a patient with **active infectious disease** in urban New York

Patient 1	
Avg Daily Rate	$700.60
30 days	
PT/OT	TK
SLP	SA
Nursing	CBC2
NTA	ND
HIPPS	KAND1
New York County, New York	

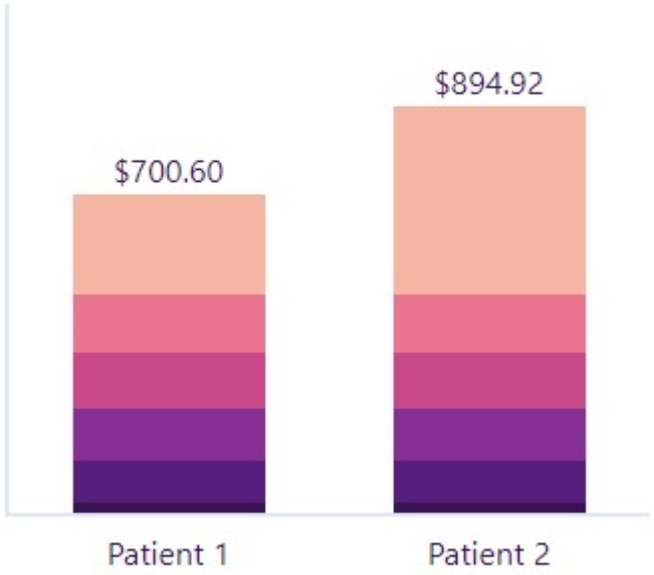
Duplicate Delete

Patient 2	
Avg Daily Rate	$894.92
30 days	
PT/OT	TK
SLP	SA
Nursing	ES1
NTA	ND
HIPPS	KACD1
New York County, New York	

Duplicate Delete

$ Impact Isolation COVID-19 (NY) =

$894.92 - $700.60 =
$194.32 per day
x 100 days =
$19,432



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Infection Control Core Elements
Introduction Reimbursement Medicaid Case Mix – D.C.

- In D.C., the coding of isolation also impacts the **Medicaid Case Mix** Index
  An **ES1** Level for Isolation yields 2.22 CMI
- Conservatively, the **CMI Impact Isolation**

  COVID-19 = ES1 versus CB2 = 2.22 - .95 = 1.27
- When identifying patients who are isolated and quarantined, it is imperative to assess **if the condition warrants skilled care**
- Currently, each state uses its own **Medicaid reimbursement** system
- Multiple states are collecting data in preparation for **applying the PDPM model**

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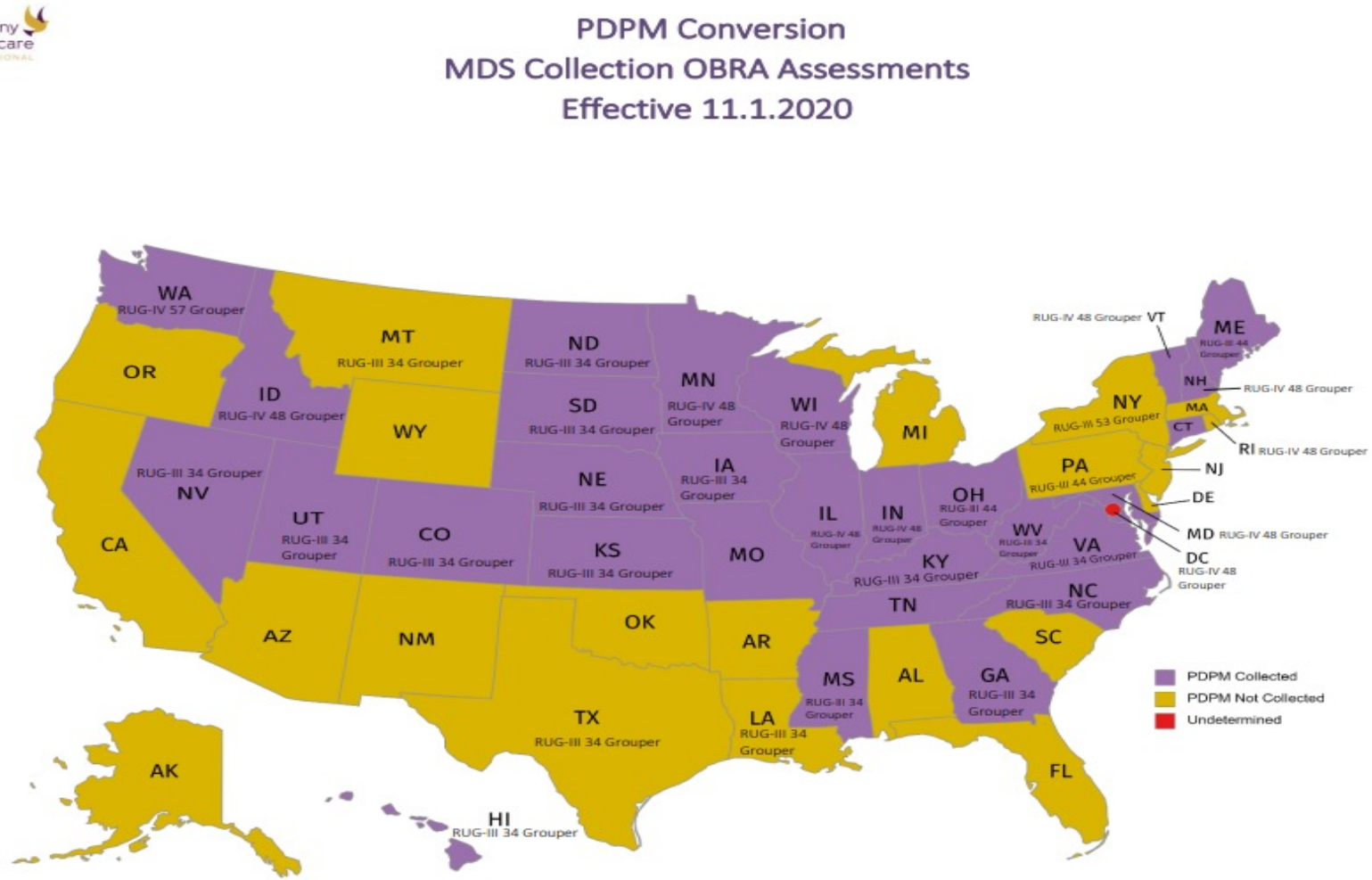
Infection Control Core Elements
Introduction PDPM Conversion MDS Collection OBRA Assessments



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Infection Control Core Elements
Introduction ICD-10 Active Infectious Disease

- The ICD-10-CM Diagnosis Code is U07.1, Virus Identified
  - U07.1 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes
  - ICD-10-CM U07.1 is a new 2021 ICD-10-CM code that became effective on October 1, 2020
  - This is the American ICD-10-CM version of U07.1 - other international versions of ICD-10 U07.1 may differ

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Infection Control Core Elements
Introduction ICD-10 Active Infectious Disease

- ICD-10-CM U07.1 is grouped within Diagnostic Related Group(s) (MS-DRG v38.0):
  - 177 Respiratory infections and inflammations with mcc
  - 178 Respiratory infections and inflammations with cc
  - 179 Respiratory infections and inflammations without cc/mcc
  - 791 Prematurity with major problems
  - 793 Full term neonate with major problems
  - 974 HIV with major related condition with mcc
  - 975 HIV with major related condition with cc
  - 976 HIV with major related condition without cc/mcc

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Infection Control Core Elements
Introduction ICD-10 Active Infectious Disease

- The ICD-10-CM Diagnosis Code is U07.2, Virus NOT Identified
  - Clinically-epidemiologically diagnosed
  - Probable COVID-19
  - Suspected COVID-19
- https://www.who.int/classifications/icd/icd10updates/en/
- 9.29.2020 ICD-10 Update COVID-19
- A set of additional categories has been agreed to be able to document or flag conditions that occur in the context of COVID-19
- Both, 3 character and 4-character codes have been defined to respond to the different levels of coding depth that is in place in different countries

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Infection Control Core Elements
Introduction ICD-10 Active Infectious Disease

Personal history of COVID-19

- **U08.9 Personal history of COVID-19, unspecified**
- This optional code is used to record an earlier episode of COVID-19, confirmed or probable that influences the person's health status, and the person no longer suffers from COVID-19. This code should not be used for primary mortality tabulation

Post COVID-19 condition

- **U09.9 Post COVID-19 condition, unspecified**
- This optional code serves to allow the establishment of a link with COVID-19 This code is not to be used in cases that still are presenting COVID-19

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Infection Control Core Elements
Introduction ICD-10 Active Infectious Disease

Multisystem inflammatory syndrome associated with COVID-19

- **U10.9 Multisystem inflammatory syndrome associated with COVID-19, unspecified** (Temporarily associated with COVID-19)
- Cytokine storm
- Kawasaki-like syndrome
- Pediatric Inflammatory Multisystem Syndrome (PIMS)
- Multisystem Inflammatory Syndrome in Children (MIS-C)
- **Excludes**
  - Mucocutaneous lymph node syndrome {Kawasaki} (M30.3)

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Infection Control Core Elements Introduction HHI Recommendations

- Educate staff on Skilled Coverage Criteria
- Educate staff on ICD-10 Coding
- Educate staff on Isolation versus Quarantine
- Perform ongoing and retroactive Medical Record Reviews
- All patients should be reviewed immediately
- It may not be possible to retroactively correcting any errors

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Infection Control Core Elements
Introduction Infection Control

- Per the NSVH, the demographics of the age and mortality show that 78.23 % of deaths thus far are 65 years old or older!
  - 65-74 years old 22.02%
  - 75-84 years old 27.92%
  - 85 and older years old 28.29%

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Infection Control Core Elements
Introduction Infection Control

The 4 top causes of infection today:

- Visitation
- New Admissions
- Employee
- Resident Outside Appointments

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Infection Control Core Elements
Introduction Infection Control

The biggest obstacles today:

- PPE (Change gowns in between patients, even if not infected)
- COVID-19 Testing (Need widespread testing immediately)
- Staff Shortages (Much more labor intensive, it takes more staff, during outbreak and pandemic. Nursing Homes had shortages before pandemic.)
- Training ("Nursing Homes not designed to deal with level of crisis."- Dr. Avula, NY Times 4.17.20)

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Infection Control Core Elements
Introduction Infection Control

- Coronavirus is a member of larger "family of viruses" called Coronaviruses (which includes the common cold)
- The name is derived from the shape of the virus at the molecular level, it looks like a "crown" with projections. Those spikes on the virus allow it to stick to human cells and proceed to take over the normal cellular structure and then replicate itself
- This family of viruses has been around over 50 years
- COVID-19 (SARS-CoV-2) is the 7th coronavirus known to effect humans

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Infection Control Core Elements
Introduction Infection Control

COVID-19 Deaths and % Deaths by Age Reference: National Vital Statistics System (NVSS)		
Age	COVID-19 Deaths	COVID-19 % Deaths
Under 1 year	0	0.00%
1 - 4 years	1	0.02%
5 - 14 years	0	0.00%
15 - 24 years	4	0.10%
25 - 34 years	38	0.93%
35 - 44 years	102	2.51%
45 - 54 years	236	5.81%
55 - 64 years	504	12.40%
65 - 74 years	895	22.02%
75 - 84 years	1,135	27.92%
85 years plus	1,150	28.29%
Total	4,065	100.00%

As of 4.8.20, per the CDC, the U.S. has 399,752 cases of COVID-19 totaling 12,827 deaths and a 3.2% mortality

The key takeaway here is that our nation's seniors (those age 65 and older) are the most at risk to this disease. Furthermore, the residents of nursing homes have the greatest risk due to their comorbidities and pre-existing medical conditions

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Infection Control Core Elements
Introduction Impact of Infections in Nursing Homes

- There are approximately 15,600 Centers for Medicare & Medicaid Services (CMS)- certified nursing homes in United States
  - Provide care to more than 3 million Americans each year
- Between 1 and 3 million serious infections occur in nursing homes annually
  - Contribute to hospitalization, morbidity, mortality, and increased healthcare expenditures

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Infection Control Core Elements
Introduction Susceptibility of Nursing Home Residents to Infection

- Age
  - With advancing age, the immune system's ability to protect against infections may begin to decline. For instance, the protective effect generated by a vaccine on the immune system might decrease
- Invasive Devices
  - The presence of invasive medical devices, such as urinary catheters or central venous catheters, provide a site for pathogens to enter the body
- Functional Impairment
  - Functional impairment can impede the ability to perform basic hygiene activities, such as bathing and oral care
- Communal Living and Group Activities
  - Communal, or shared, residence and group activities increase opportunities for the transmission of pathogens, such as influenza and norovirus

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Infection Control Core Elements
Introduction Susceptibility of Nursing Home Residents to Infection

- Medications
  - Certain medications may increase susceptibility to infection. For example, steroids can affect the function of white blood cells, which are cells in the body that respond to infection
- Comorbid Conditions and Chronic Diseases
  - Comorbid conditions and chronic diseases can predispose residents to site-specific infections. For example, Chronic Obstructive Pulmonary Disease (COPD), can cause changes in lung function that might predispose a resident to pneumonia

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Infection Control Core Elements
Introduction IPC Program Purpose

- To provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections

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Infection Control Core Elements
Introduction IPC Program

- The IPC program establishes a facility-wide system to
  - Prevent
  - Identify
  - Investigate
  - Report
  - Control
- Communicable diseases and infections among residents, staff, and visitors

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Our Process

- Prescribed medical record review process that encompasses HHI's core business
- HHI Specialists provide expertise through teaching and training and an extensive chart audit process in order to ensure:
  - MDS Accuracy
  - MDS Supporting Documentation
  - Billing Accuracy
  - Nursing Documentation
  - Therapy Documentation
  - Clinically Appropriate Care

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HHI
Services and Plans

Gold C.A.R.E.S.
2 Year Service Plan

Platinum C.A.R.E.S.
3 Year Service Plan

List of HHI Services

PDPM Training and Audits | Medicare | Compliance | Rehab Program Development | Seminars | MMQ Audits | Mock RAC Audits | Rehab Certification | Mock Health Inspection Survey | MDS Competency | Talent Management | Denials Management | Compliance Certification | Clinically Appropriate Stay | QAPI | QIS | Medicare Part B Program | MDSC Mentor Program | Case Mix Consulting | Professional Development | Leadership Trainings | Regulatory and Survey Assistance | Five Star | PBJ | Quality Measures | Analysis | Staff Training | Infection Control and More!

Silver C.A.R.E.S.
1 Year Service Plan

A La C.A.R.E.S.
Customized Service Plan

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Our Senior HHI Specialists

- Founded in 2001
- Privately owned and operated
- Ranked among Inc. Magazine's top 5,000 fastest growing private companies in America three years in a row
- Active monthly contracts in 24 states
- Over 1,000 Skilled Nursing Facilities serviced
- Over 3,000 Clinicians Certified on the MDS

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https://www.harmony-healthcare.com/harmonyhelp

Live Support Available
8:00 a.m. – 5:00 p.m. EST

HarmonyHelp

With **HarmonyHelp**, Harmony Healthcare International (HHI) provides an invaluable resource for the entire interdisciplinary team. Imagine having questions answered by a HHI Specialist within minutes of the inquiry. Fill out the form on the right to learn more about HarmonyHelp and our various Service Plans.

The **Knowledge Center** is loaded with **information** that will assist with your daily responsibilities at your facility. This self-help site is broken up into **5 Sections:**

Manuals I Tools I C.A.R.E.S. Community I Hot Topics I FAQ (Frequently Asked Questions)

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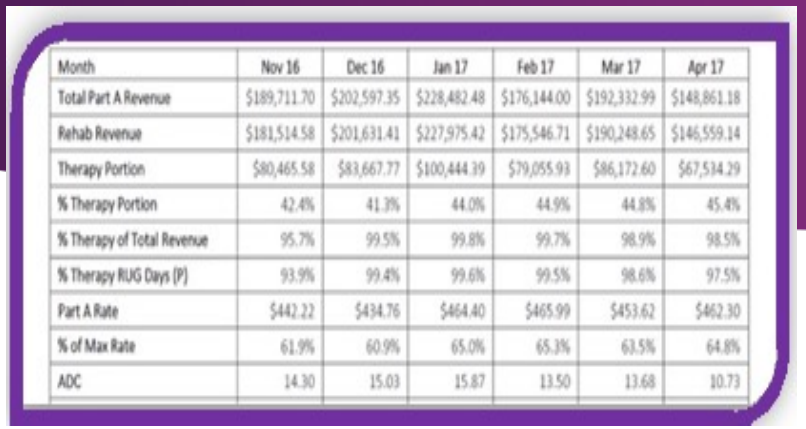
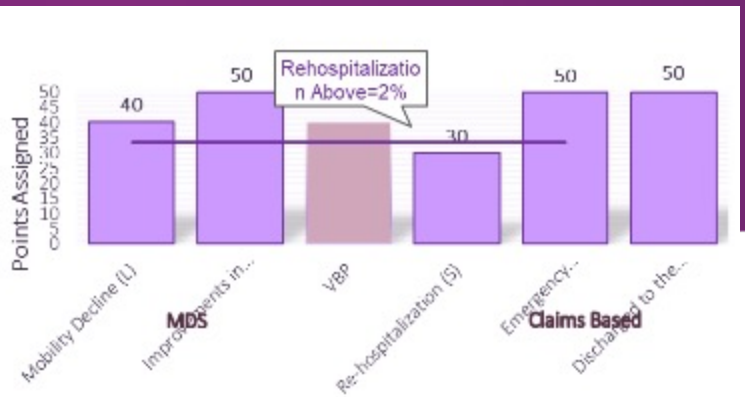
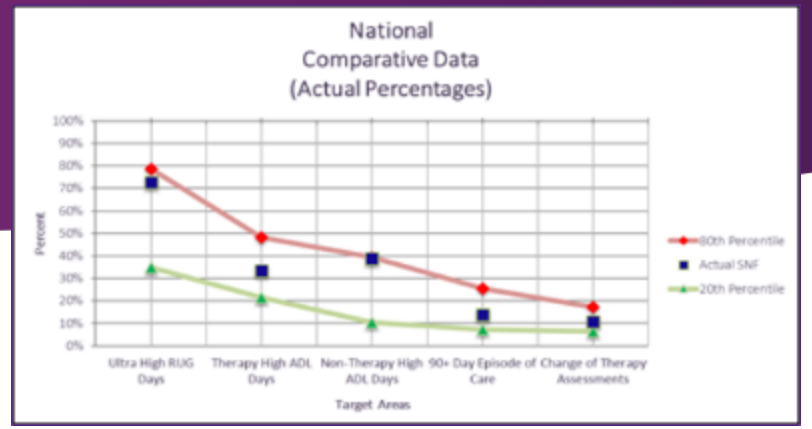


Month	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Total Part A Revenue	$189,711.70	$202,597.35	$228,482.48	$176,144.00	$192,332.99	$148,861.18
Rehab Revenue	$181,514.58	$201,631.41	$227,975.42	$175,546.71	$190,248.65	$146,559.14
Therapy Portion	$80,465.58	$83,667.77	$100,444.39	$79,055.93	$86,172.60	$67,534.29
% Therapy Portion	42.4%	41.3%	44.0%	44.9%	44.8%	45.4%
% Therapy of Total Revenue	95.7%	99.5%	99.8%	99.7%	98.9%	98.5%
% Therapy RUG Days (P)	93.9%	99.4%	99.6%	99.5%	98.6%	97.5%
Part A Rate	$442.22	$434.76	$464.40	$465.99	$453.62	$462.30
% of Max Rate	61.9%	60.9%	65.0%	65.3%	63.5%	64.8%
ADC	14.30	15.03	15.87	13.50	13.68	10.73





Complimentary HHI Offerings

- PDPM Revenue and Risk Analysis
- Medicare Part A Revenue and Risk Analysis
- Five-Star Quality Measure Points Analysis
- PEPPER Analysis

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Harmony Healthcare International (HHI)

C.A.R.E.S.™

HHI C.A.R.E.S. About Care

Compliance | Analysis | Audit | Regulatory | Rehabilitation

Reimbursement | Education | Efficiency | Survey

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