>> Hello, and welcome to day two
of the McKnight's Online Expo.
Today, we have brought you three
webinars on a range of topics,
along with an exhibit hall where
you can peruse products and talk
to vendors, as well as a
networking lounge.
Our last webinar for the day,
which was delayed from this
morning, is about the senior
care vaccination effort.
The title is "The next steps:
Pharmacy-provided vaccination
services in long-term care".
I'm McKnight's home care editor
Liza Berger, and I'll be your
moderator for the event.
Our session's featured speakers
are Nancy Losben, consultant
pharmacist and chief quality

officer for Omnicare, a CVS
company, along with Todd King,
senior director of clinical
services with Omnicare.
I will introduce them more
formally soon, but first, a few
housekeeping matters to cover.
The slides will be available for
download today.
If you are having audio
problems, please first check the
volume control on your device,
as this is the most common cause
of hearing problems.
Please note that the sound is
coming from the computer
speakers.
To submit a question for
discussion, click on the button
and type in what you want to ask
at any time starting now.

Please be sure to visit the
exhibit hall after the session
to download valuable information
from our sponsors.
Continuing education credits are
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To receive CE credit, you must
view a minimum of 50 minutes of
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Once you have achieved 50
viewing minutes, a view
certificate button will display,
and a required viewing duration
will have a green checkbox.
You can then view or save your
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Earned certificates can also be
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number and are registered for
the event with the exact name
associated with the NAB ID, your
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on your behalf within three
business days after the event.
We'd like to note that this
program is made possible by
support from Omnicare, a CVS
health company.
Learn more about them at
Omnicare.com.
Finally, this session will be
archived and available on demand
shortly after the live
broadcast.
You can access it again, or
others can experience for the
first time by going to the
registration page to enter the
studio.

The URL is

mcknights.com/march2021onlineexp

o.

Because we moved the event from

this morning, captions will not

be available during the live

event.

However, a transcript of the

webinar will be available during

the on-demand recording.

Now, to our presenters.

Nancy Losben is a consultant

pharmacist and chief quality

officer for Omnicare.

A pharmacy services provider, it

serves over 2 million long-term

care emissions manually.

Nancy was the chair of the

American Society of Consultant

Pharmacists Foundation from 2013

to November 2018.

A certified consultant

pharmacist, she holds
certificates in gerontology and
in pharmacy regulations.
Todd King is director of
clinical services for Omnicare.
In this position, he is
responsible for overseeing the
clinical services for the
southeast and northeast,
including managing the
consultant pharmacists and
clinical managers for the
regions, implementing clinical
programs, managing facility
formulary, and providing
education to customers and
staff.
He received his doctor of
pharmacy degree from Campbell
University School of Pharmacy
and completed a residency in

geriatric and long-term care in

Durham, North Carolina.

So, Todd, it seems that the

long-term care vaccination

effort has been an unqualified

success, but we're not done yet,

are we?

>> Thanks, Liza, and you're

exactly right.

We're not done yet.

And I think one of the things

that we're going to talk about

among many things today is to

kind of get to where we need to

go in the next steps and moving

this forward.

One of the things I wanted to

start out with is just to thank

everybody for being on the call

this afternoon and participating

in this webinar that we really

thing is going to bring some

cutting edge information to
the group, and also to everyone
involved.
I'm gonna try to star the
conversation off and then turn
it over to Nancy, who has been
following this epidemic and
pandemic since day one and is
our expert around what's
happened with the COVID virus
and the COVID vaccines.
The first thing I'd like to do
on behalf of our company, both
Omnicare and CVS, is to thank
everyone out there in the field
who has been participating in
trying to curb this pandemic,
whether it's infection control,
whether it's donning PPE,
testing for COVID, or
vaccinating for COVID.

We've made great strides, and
Nancy will talk a little bit
about some of the data that's
showing since things have
happened with the vaccines.
This virus is being contained to
a certain degree, but we need to
make sure that we continue our
diligence and make sure that
we're continuing to provide
education to our families, to
the residents in our
communities, to our staff
members, to encourage them
around vaccinations and making
sure that they are utilizing
those opportunities
You know, one of the things that
we talk about amongst our
organization is, and I think
everyone on this call will
realize, that one of things that

we haven't talked a lot about

during this whole COVID pandemic

is the flu season.

You know, we haven't really

talked a lot about flu.

And I think one of the things

that's really happened is the

effectiveness of our infection

control, the effectiveness of

what we've done in our long-term

care facilities, our senior

living communities to curb

infection, to help with

infection control, has really

stopped what we thought could be

a very difficult flu season in

combination with the COVID-19

virus.

So, thank you, everyone, for

that.

I do appreciate all of your

efforts.

I know it's been a challenging

time over the last year, but

your efforts are recognized, and

I think they're recognized not

only at the national level, but

recognized by family members and

caregivers.

Now they're starting to be able

to come back into long-term care

facilities and see their loved

ones.

Some of the things that we'll

talk about today is the

ever-changing processes and

protocols around the

vaccinations and also around the

CDC guidelines.

These are changing almost on a

daily basis, and we want to talk

about some of these, but

remember, we're going to try to

provide the most current
information, but everybody needs
to keep in mind that the
protocols and the issues around
the vaccinations and subsequent
vaccinations are changing
regularly.
There's so much research that's
going on out there regarding the
COVID-19 virus and how it is
mutating and creating variants
out there in our population,
that many things are being
studied very acutely to make
sure that we're providing the
most appropriate scenarios for
our residents, our colleagues,
and then also the late public to
make sure that this virus is
kind of held in check going
forward.

And there's a lot of things out

there that we don't know.

We're gonna be answering a lot

of -- I'm sure we're gonna have

a lot of questions today.

Nancy and I will not have all

the answers because all the

answers are not known out there,

but we'll give it our best

effort to make sure that you're

getting the best information you

can out of this webinar.

So, with that, I'm gonna turn it

over to Nancy Losben, who, as I

mentioned earlier, at Omnicare

and CVS, she's been our expert

at following this pandemic,

monitoring it on a daily, hourly

basis for the last year, and has

really been able to provide us

with the highest level of

education out there that we need

to make sure that we're

providing to our customers and

also to our other interested

parties in this pandemic.

So, Nancy, I'm gonna turn it to

you, and we'll have a great

webinar, and we'll talk at the

end.

>> Thanks, Todd, and thanks for

the warm welcome.

We appreciate everybody's

ability to modify their schedule

and join us for this call later

today.

There's over a thousand of you

that have joined us, and we hope

that we have some crisp and

clear messages for you,

something that you can ask

immediately as we look to the

future.

Right now, what we're looking at

is just a brief summary of the

available COVID vaccines, and by

now, all of us are very familiar

with the Pfizer and the Moderna.

However, what we're seeing is

the release of the J&J or

Janssen vaccine, which

hallelujah, is only a single

dose.

You don't need a second one.

There is no booster, and it can

be given to all of our patients

who are 18 years and older.

So, that means unlike Moderna,

if you have J&J moving forward,

you don't have to get that

consent form from the parents of

those who are your younger staff

in the nursing centers.

Right now, what we're seeing, in

guidance from the CDC, and I

recommend that you check the

interim guidance on COVID

vaccines every day.

They'll post the date that they

change it.

There is a grace period to

receive your vaccination four

days earlier than the

recommended date, if it's

available, and if it's not

feasible to get that second dose

of the Pfizer or the Moderna at

the appropriate time, either 21

days for Pfizer or 28 days for

Moderna, they are recommending

that you can actually go up to

six weeks or 42 days after the

first dose.

This was also considered not

only because of the great immune

response, but also to try and

stretch the vaccination to get

it to more 1A level patients who

really needed that first dose

right away.

I will tell you that if a

patient has to extend their

second dose at 42 days, there is

no need to go ahead and

prescribe that dose, and also,

there is no recommendation to

stride the series of

vaccinations until -- I'm sorry,

after that 42 day period.

So, right now, what we'll be

doing is you'll get it as soon

as you possibly can.

If you have missed the second

dose, keeping in mind that it is

still recommended that you

receive the same brand of

vaccine as you did for your

initial dose.

I am experiencing some online

difficulties.

Can someone move the slide for

me?

Thank you.

Let's go back to the previous.

Okay.

Thank you.

The CDC has no preference over

which vaccine your patients will

receive moving forward.

It still is very much dependent

on what is available from the

state agency and what will be

available through your pharmacy

moving forward.

It never provides --

>> ...cheese and crackers.

Oh, I didn't make you anything

for lunch.

>> Thank you.

The Advisory Committee on Immunization Practices has not stated a preference for a vaccine.

We know that they're not interchangeable, but I do want to remind you that ACIP, as it's called, never recommends a choice of a vaccine because only vaccines that are efficacious are approved by the FDA and then put forth and how to use them by the advisory committee.

In terms of the reported COVID adverse event, I think by now, so many of us have seen that the adverse effects to the first two vaccines has been minimum, and while on March 1st, there were 76 plus million doses of COVID vaccines administered from about mid-December to March 1st, what

we know now, just last night,

is that they posted that 113

million doses have been

administered across the country,

many of those being in long-term

care facilities and other

healthcare facilities.

Just to give you a little bit

update on some other numbers,

reporting on March 9th, 90

million doses are administered

at that time.

So, you can see in each week's

interval, we're reaching

millions of doses more as we

move forward.

50 million people have already

received at least one dose, and

over 30 million have received

their second dose.

So, we're looking at towards 15%

of the entire population being

fully vaccinated, and what does

that mean?

It means that we have more to

go.

So, as you think about nursing

homes being almost complete with

their vaccinations or your

healthcare workers receiving

their vaccinations, we still

have those in our arena of care

who are still hesitant or

unable to make their first or

second doses, and we have to

think about all of those

visitors that we're just waiting

to invite into our nursing

centers.

The side effects and adverse

effects of the vaccine are very

low.

Most of them are localized at

the site of injection, and the
VAERS report as of March 1st
received 1,381 reports of death
that were associated, they
believe, with the vaccine.
However, the data does not
indicate if there were any other
contributing factors.
So, the death rate of 18,000 of
of 1% may not be directly
related to the COVID vaccine.
There may have been people who
were ill with the vaccine or
died of other causes and it just
so happened to coincide with the
date that the resident or the
patient received the
vaccination.
What happens in that instance is
you will need to report, of
course, any death that we would

see in our facilities.

The CDC and the FDA physicians

both will review each case

report, so don't be surprised if

you do have a death that comes

after someone has been

vaccinated in our facility, that

they are asking for all of the

medical records, and you'll be

required to turn them over.

When we take a look at the

dramatic effects that have

occurred in long-term care

facilities since we started

vaccinations, it is just

phenomenal.

At this point in time, we're

looking at a dramatic decline of

cases that are in blue and

deaths that are in yellow in

long-term care facilities.

That is percentage of COVID

cases is down by 89%.

Nursing facility and staff

residents, when compared to the

community, where we see that the

cases are down only 58%,

according to CMS and the Johns

Hopkins COVID website.

So, truly, what this proves is

our vaccination programs were

effective, but the vaccination

itself, the vaccine, is

efficacious.

To drive down this number of

cases actually begins to invite

us to take a look at opening our

doors and bringing the

happiness of family members back

into our facilities, and you're

going to have to be prepared for

that, and I will discuss that in

just a few moments.

That's all great news, but now

what happens?

And I will tell you, just as

with any other government run

program and a new phase of any

program, we are gonna see some

hiccups.

We will all work through the

same bumps in the road that we

had before, but I'm certain that

we will be just as successful

working together with shared

knowledge and experience to make

sure that we definitely move in

the right direction to bring

this pandemic to an end, both

inside and outside of our own

communities.

So, right now, what we have is

the government allowing

organizations and new providers

to become and enroll as a mass

immunizer, and it's a 24-hour expedited process.

The ability to enroll as a mass immunizer is pretty easy, and we are seeing that pharmacies, schools, and other entities, even fire houses, EMS providers, ambulance drivers are all becoming mass immunizers, and they are helping us to move the vaccine out of the nursing homes and hospitals out into the community.

What we'll also see is that the number of providers who can administer the vaccine will continue to share Medicare and Medicaid information because most of the residents who are enrolled in Medicare and Medicaid tend to be those that

are the highest risk for COVID

out in their community.

So, even at a nursing facility

or another healthcare entity

that you may be, applying as a

new provider, as a mass

immunizer may even allow you

some access to the community to

go ahead and vaccination those

in your own, let's say, zip

code, and wouldn't that just be

a remarkable marketing

experience for your facility?

There are three ways after the

clinics have completed for

long-term care facilities,

assisted living facilities, and

independent facilities, and any

other of those that we consider

in the long-term care umbrella

to access vaccines.

The first is the facility can

receive COVID vaccines from their long-term care pharmacy that is enrolled as a state provider.

These usually smaller, regional pharmacies apply to the state to be the mass vaccinator, and the state will give an allotment of vaccines to those pharmacies, those pharmacies that are long-term care, to provide to the nursing facilities.

Some of these pharmacies are just going to distribute that vaccine.

Others are willing to come in and assist the facility or community with actually the administration of the vaccine.

The second way is a federal program.

The CDC is allowing some large
providers with a big footprint
to enroll in a federal program
so they can access the vaccine
directly from the federal
government without having to go
through the state for their
vaccine.
So, it's a different supply
chain, and it skips the state as
their middle man.
And then finally, long-term care
facilities can receive COVID
vaccine by enrolling directly
with your state, and then you
can become a COVID-19
vaccination provider.
However, if you decide to take
that path and become a facility
that is a COVID vaccination
provider, you still have the
burden of all of the receipt,

storage, handling, and the

inventory management and the

documentation of the

vaccination.

So, that may be a little more

difficult for some facilities

that don't have a large staff or

access to extended staff to take

part in being a COVID

vaccination partner itself.

So, when we take a look at your

next steps, if you wanted to

work with state enrolled

pharmacies, the most important

thing for any administrator,

director of nursing, and medical

director to do is actually reach

out to your long-term care

pharmacy if they have not

already reached out to you.

Understand these three options

to determine what is the best option for you and your residents.

If your pharmacy is set up to receive COVID-19 vaccines through the state, the pharmacy can help you in meeting the vaccine needs of your residents.

Because they're intimate with you, they know you.

If your long-term care pharmacy's not a federal or state COVID vaccination partner, you can visit the Federal Retail Pharmacy Program website, as posted here, and look for a pharmacy that is enrolled in a state program and access the vaccine through them.

You can also contact your state department of health to find additional providers in your

area that would be able to come
into the facility or at least
distribute vaccine to you.
Lastly, some states may enroll
long-term care facilities and
allow you to order and directly
administer vaccines directly
to your residents and staff.
This decision is dependent on
the state, and the facility
should work directly with their
state immunization programs if
this is the option for you.
So, again, you have three
options.
Most of them can work, but what
your primary focus will be is
that peace of communication and
outreach to your pharmacy
provider to see how they are
enrolled and if perhaps, the

best option would be to have a pharmacy provide the vaccine or administer the vaccine so that you can continue the daily work of keeping COVID at bay in the facilities and continue to work with the other areas of need, like getting new admissions and taking care of our chronic care patients.

If you work with a pharmacy that is enrolled in a federal vaccination program, as I said before, this program was launched to allow larger pharmacies, and we're looking at them as representing over 40,000 pharmacies nationwide, including long-term care pharmacy locations.

So, that would be your retail and your long-term care

pharmacies.

In the coming weeks, long-term

care pharmacy partners

participating in this federal

program will begin to receive

limited vaccine allocations

based on the needs that they are

communicating to the federal

government.

So, one of the things a

pharmacy, for example, would do

is take a look at the percentage

of folks vaccinated in the

clinics in each of the

facilities to estimate how many

more doses it would be, and to

take a look at the current rate

of new admissions in a facility

to determine how many vaccines

would be needed in the future.

Facilities can coordinate

directly with long-term care pharmacies who are participating in a federal program to get the access to the vaccine and to plan their vaccine clinics.

Remember, it takes some planning, dependent on the vaccines that are provided.

So, if you are going to use, let's say, a Moderna vaccine, and that's what would be available to that pharmacy or to you, you would need at least 10 patients or residents or staff members to be vaccinated at a single time so that no doses are wasted.

Remember, as you become a provider or a vaccinator in this program, you will be held responsible to report to the federal government in the

federal plan any wasted doses.

So, again, it's great to work

with some of the pharmacies that

are enrolled in these programs,

especially if you are a group

of facilities in multiple states

to allow the same processes take

place across all of your homes

from, let's stay, a pharmacy

that has multiple outlets across

the state.

So, you're going to find what

would be best for you, if you're

a local pharmacy enrolled in a

state program, a large pharmacy

enrolled in a federal program,

or finally, taking a look at

your facilities direct

enrollment in a state COVID

vaccination program, keeping in

mind, as I said, that if you do

become a vaccinator enrolled with the state, you will be responsible for the ordering of the vaccine, the storage of it, handling of it, administration of it.

Facilities that are also being responsible for supply and vaccine administration to their state, and the COVID-19 vaccination provider enrollment process will differ from state to state.

So, if you are in a group of a chain that crosses state lines, but you are looking for a program that is uniform across your facilities, this facility's specific program may or may not be the way you wish to go to treat the residents with vaccinations and the new staff

coming in and new admissions

coming in.

But certainly, an enrollment or

partnership with one of these

programs is absolutely necessary

if we are to begin the full

admissions process and bring our

business back to normal.

So, let's take a look at some

opportunities, then, because I

always worry about overcoming

vaccination hesitancy.

What we have seen is that most

of the long-term care residents

who understand the value of

immunization because they grew

up with different vaccines over

their lifetime and seen them and

witnessed them work have had no

problem accepting the

vaccination, and we also saw

that the nursing departments were more readily willing to become vaccinated, but other staff members that may be in your building, perhaps in housekeeping or in laundry services, may not have been as readily willing to become vaccinated, and they have some hesitancy.

Some of the things that we really need to take a look at is where were the non-essential healthcare workers and do they really only have about three and 10 willing to accept the vaccinations?

Did some of them really want to wait and see if the vaccine works or how safe it was?

What we're also seeing is that 12% of essential workers still

say that they're going to get a

vaccine only if you, by policy,

or your state requires a

vaccination, and we haven't seen

any of those policies be taken

up widely across any of the

states yet, but I imagine that

each of you is discussing

whether vaccines will be

mandatory for your staff and

mandatory for your visitors.

16% say they will absolutely,

positively not get it, though

these shares could be somewhat

smaller among healthcare

workers, maybe 5% to 10% of

those who actually lay hands on

residents.

What we're seeing is those other

types of workers, like in

housekeeping or down in dietary,

are a little more reluctant to

go ahead and have the

vaccination.

I will tell you that I visited a

vaccination clinic in a -- in

New Jersey two weekends ago, and

many of the staff there

witnessed a guard die.

They say COVID among the inmates

in the institution, and what

they relied on was a little bit

of a scare tactic, but

nevertheless, quite effective.

They reminded their workers,

especially if English was not

their primary language, that if

they wanted to go home to

another country to visit their

family over the summer, they're

probably going to need to get

vaccinated before they can leave

the country and go to a new one.

They also are thinking that they

may have difficulty returning to

the United States if you go out

of the country if you're not

vaccinated.

So, there are many ways to

approach this, but I tell you

that if you do have a great

number of staff that is not

English-speaking as a first

language, please find someone

who can review the good that

this vaccine does in their own

language, and it must be someone

that they respect and they

regard to deliver that message,

and I think that you'll be able

to really address and lower this

hesitancy much lower than 16% in

long-term care.

Can you advance the slide for

me?

Okay.

Okay.

Let's see if I can get --

I apologize.

Let me see if I can get them to

get forward.

Okay, here we are.

So, the next steps, again, I

think we can keep going, whoever

is advancing the slides.

Let's move forward a bit.

One more.

Okay.

Okay.

I'm sorry.

I don't see the slides at all

anymore.

>> Hey, Nancy, if you could just

refresh your page, I think

you'll be able to see the

slides.

>> I do not think I'm even on --

I think I've been kicked off.

Let me go back.

Mnh-mnh.

I think I'm kicked off.

>> Nancy, this is Chad.

If need be, you can also close

your web browser and then

re-open the link from the

invite.

That will likely get you back.

>> That's where I'm going.

Thank you so much.

That's not it.

I'm going to paste the address

back into Chrome.

That won't do it.

>> Hey, everyone, this is Todd.

I'm gonna jump in here real

quick while Nancy is working on

getting rebooted.

So, I apologize for the

technical difficulties.

We've got a couple questions out

there that I thought we would

just touch on really quick.

One of those comes from Michael

around the NYSIS system and

entering data into the system

regarding the documentation

around the vaccine requirements,

and for those of you who haven't

seen -- Michael, this is a great

question -- for those of you

that hadn't seen it, the

documentation around the

administration, handling, et

cetera of these vaccines is

time-consuming at some points,

so I think it is one of those

things that you should work with

your provider to make sure that

there are opportunities to

documents the requirements based
on what the NYSIS recommends,
because one of the things, as
Nancy mentioned earlier, is we
are tracking and they are
tracking side effects, et
cetera, and it's really
important to have that correct
documentation, and we hate to
say the word "side effects", but
we're talking about predictable
immune responses.
These vaccines really do boost
the immune system at a rate and
a process that we haven't really
seen before.
So, the symptomology that a lot
of patients and staff members
may see is it's simply the
boosting of that immune
response.

So, the documentation is

important, and as one of the

things Nancy mentioned earlier,

we are seeing reports come out

of the adverse events around

these vaccines, and they're

becoming more documentation, et

cetera, that we'll have going

forward, but I think when you

talk to your staff members about

the adverse of events or side

effects associated, there can

that simple immune response

based on what the body's

experiencing, and those are

really not adverse events.

You know, if you have some

muscle swelling at the site or

if you have some injection site

soreness, et cetera, muscle

aches and that type of thing,

it's very similar to the types

of things that happen when you

get the flu vaccine, et cetera.

So, I think that's a great

question.

Also, we need to work together

as providers and as the

facilities and communities to

make sure that that

documentation is done completely

and done accurately to where we

can assess these vaccines going

forward.

>> Okay.

>> Nancy, are you back up?

>> I am, and thank you,

everyone, for your patience, and

Todd, thanks for jumping in like

that.

I really appreciate it.

We were worried about you and

the tornados, and here it is

that I'm the one that's bumped

off.

So, I apologize, everyone.

We were talking when I left you

about the best messages to

provide to people who are still

hesitant about vaccinations, and

the things that really drive

people to become vaccinated is

that they're highly effective,

and your message also needs to

assure that we're telling our

colleagues that vaccines will

keep you from getting sick, it's

the quickest way for us to

return to normal in terms of

socialization.

Millions of people have already

been vaccinated successfully.

Look at the results that we've

seen in long-term care and how

the cases have dropped.

We really need to get the

economy back on track, and this

is one of the most important

ways to do it.

Our physicians are endorsing

this.

There's no cost to the vaccine,

and please ask someone who's

received the vaccine what the

effect was and how they feel

about it.

So, as we go ahead and we take a

look additionally to some of the

waivers that I think a nursing

home or any facility or

community can use, especially in

skilled facilities, to leverage

new admissions is something that

you and I address at the

beginning of the pandemic, all

the way back, I think it was, in

the spring, and that was
patience over paperwork and
following the CMS guidelines on
documentation and what's not
necessary to deliver care and
what we should do to deliver
care.
So, we need to assure that we
are taking a look at the most
recent information that comes
from CMS, and the first thing
that we're going to address
would be the visitation rights.
As you saw, CMS provided new
guidance for us on how to get
people back into the building,
and I would recommend that if
you have not already done so,
that you read the updated
visitation guidance in the
long-term care facilities, which
would be the Center for Clinical

Standards and Quality letter.

The name of the letter, or where you can find it by searching it -- so, get your pens ready -- is QSO-20-39-NH, and it was published on 3-10, and while we know that we're gonna still have to do distancing, there is guidance there for limitations on visits, looking at the percentage of people who had been vaccinated in your building.

So, for example, if more than 70% of your residents and staff have been vaccinated, it is time for you to consider visitations of family members back into the building.

If you do live in an area where there's a 10% COVID positivity

rate, however, you might want to
delay vaccinations, keeping in
mind that you still have to have
PPE available, even for the
guests who may with to wear it.
There still has to be staff and
resident testing, even though
everybody's been vaccinated.
We need to screen visitors who
come into the building, the same
way as we do with all of our
staff members and vendors who
are visitors.
Hand hygiene will be a must for
visitors, just as it is for us.
You'll have to think about
disinfecting and cleaning the
visitation area, and there are
so many policies and procedures
that you probably need to review
with your infection
preventionist before you begin

admitting visitors back into

your building, that I would

recommend that you follow those

guidelines on the updated

visitation in long-term care

facilities from CMS letter

QSO-20-39-NH, and quite frankly,

what I find is that the guidance

is just really wonderful.

I may worth those who are not

skilled facilities to take a

look at CMS guidance and follow

it as well.

The other thing that we're

seeing for those residents who

are infected, and we still have

infections in long-term care.

There's still 11% who have new

cases every day, but what we

want to do is assure you that

the monoclonal antibody

therapies, if your facility can
do infusions, or if you have an
agency nurse that can come in
and provide infusion services,
that the recovery is quite
robust, and we're seeing the
monoclonal antibodies used in
both adults and pediatrics, and
it really does keep the COVID
infection from becoming very
severe and decreasing
hospitalization and death
overall.
People who have experienced the
infusion anecdotically just race
about how wonderful they feel
overall.
Aches and pains are faded away
during this public health
emergency when we're doing the
monoclonal antibodies, and while
infusion services may not be

ideal for all of the facility

types that are on the call,

certainly skilled nursing

facilities or assisted living

facilities that can use nursing

services or home health agency

to provide this to keep people

in their own domicile, it is

well worth examining.

Your pharmacy provider can give

you a lot of information on the

drug itself, how to administer

it, consent forms, and

everything else that you would

need, and every state has a

stockpile of monoclonal

antibodies that your pharmacies

can tap into.

In addition to that, the other

things that are waived right now

-- we're still waiving the

three-day hospital stay for
skilled nursing facilities, so
you don't need to be in that
hospital for three continuous
nights, and they're also taking
a look at temporary emergency
coverage of skilled nursing
facilities without that
qualifying hospital stay.
The quality and assurance and
performance improvement
programs, or the QAPI programs
for skilled nursing facilities,
is still remained modified, with
us keeping a narrow focus on
adverse events due to COVID and
infection control processes
until we declare the pandemic
over.
So, keep again your eyes on the
waivers, and there is a link
here on this slide, for us to

see how fast we can move towards

not only opening to visitors,

but also opening to new

admissions.

And in addition, there are other

waived programs, such as

changing in the physical

environment can be made easily

if you need to modify the layout

of your building for infected

patients, reporting on minimum

data sets for skilled nursing

facilities. The timeframe has

been waived. They're waiving the

PASRRs and suspending them for

30 days.

They still have

restrictions on in-person

meetings, but we are looking at

moving that forward. We're

postponing the deadlines for

nurse age training,
understanding that we're
focusing more on care than we
are on this training that's
required annually. CMS is also
delaying the filing deadline for
certain cost report due dates,
and they're giving physicians
the ability to designate tasks
to physicians assistants, nurse
practitioners, and clinical
nurse specialists to try to
extend the medical field to
adequately care for our
residents.
So, the time is now
to start to think about what you
need to communicate to your
residents, your families, and to
the outside community and your
referral sources.
Remember, you are still required

to notify residents and their representatives and families of the COVID status of your building, and long-term care facilities are still required to report COVID cases in their facility to the CDC National Health Safety Network on a weekly basis, and quite frankly, I would anticipate that we will, as a long-term care industry, continue to report other types of infections after COVID subsides and we're free of the pandemic.

I think we'll probably be keeping national journals of nursing home infections going forward.

So, hold onto that nurse preventionists for infections.

He or she will be prying, and
don't forget to include your
pharmacist as a leader in
infection control, and of
course, antiviral and antibiotic
stewardship.
So, with that, taking advantage
of the information that I have
been able to share in such a
short amount of time, and with a
couple of glitches, we've
intended to leave some time for
questions, so Todd, if you
wanted to open back up to our
chatbox and see what's there,
that we could help our listeners
with, I'd greatly appreciate it.
>> Great.
Well, I can jump in, too.
This is Liza again.
Thank you both for this
wonderful presentation, and even

though there were a few

technical difficulties, there

was a ton of great information

here.

So, yeah, we can jump right into

questions.

Here's one -- "If vaccine

effectiveness is the leading

reason people look to consider

becoming vaccinated, does that

present a negative for the

Johnson & Johnson vaccine with

its lower efficacy?"

>> It's Nancy.

If you want me to, I'll talk,

thank you.

It's a great question, and the

one thing is there is

definitely, they say, a lower

efficacy in the amount of

immunity in the system.

However, when you take a look at

the outcomes data, that's what

you pin your hat to.

The outcomes data shows far

fewer hospitalizations, and in

the one trial, zero deaths.

So, what we see is while

gradually, the J&J will increase

immunity over time, it appears

as though it even ramps up after

28 days.

That's why it's a single dose.

But the rate of hospitalization

and death is so low that it

should be readily adopted, and

if I didn't already have my

vaccination, I would certainly

embrace the J&J.

It's the easiest for the nursing

facilities, assisted living, and

AL to administer.

It's the best for the resident

because they're only exposed to

the side effects one time, and

much easier for residents to

have dementia or developmentally

disabled to have a single dose

then to come at them with two.

>> Mm-hmm.

Okay, very good.

There is a question around the

emergency use authorization

process, and Chad, why don't you

pick up that one?

>> Yeah, and this is a great

question also, Nancy, and I'll

let you kind of follow through

with this one, too.

There's a question about -- just

a brief explanation about the

emergency use authorization from

the FDA and how these vaccines

got approved so quickly, but

also, what that means from an

FDA status standpoint for them

being indicated for specific

medication, or for specific

indications.

So, if you could address that,

that'd be great.

>> Sure.

I think one of the things you

need to consider about the

emergency use authorizations is

that they did approve the

vaccines quickly because they

were not novel processes for

vaccinations.

Messenger RNA vaccines had been

around for a while.

The process that J&J uses of

taking a single protein from a

virus that is incompetent of

creating disease or infection

has been around for a while.

We've all had vaccinations done

with this type of process.

The things that were done early

on were a proof of concept.

Those were done across multiples

of scientists, and so, the

groundwork of which these

vaccines were built were

well-established and

well-proven.

So, they didn't have to go back

to the beginning of time.

They just needed to jump in and

find that right piece of the

virus that would help us create

immunity without infecting us.

And as you can see, I think that

the FDA did a great job.

You'll notice that the

AstraZeneca vaccination, they

have not even come near to

taking a look at that because of

the episodes of deep vein

thrombosis that we're seeing in

Europe.

So, they're very selective of

what they will put into

emergency use authorizations,

and I still have to commend the

physicians and other scientists

at the FDA for the prudence that

they used in helping to bring

the vaccine to market.

I have to tell you, after 32

years of looking at this kind

of stuff, I'm very impressed.

>> Wow.

Terrific.

We have --

>> Liza, I'll ask one other

thing.

I'm sorry.

Just to interrupt you.

I'll add one other thing.

It's interesting for the group,

when you look at vaccine

efficacy and how the FDA

approves vaccines, generally, an

effective rate of greater than

50% will get a vaccine approved.

So, if you think about what

we've seen out there in the

literature with these three

vaccines that are on the market

right now, we've seen phenomenal

efficacy rates on these three

vaccines, and I think that's

really what kind of pushed them

through the EUA process very

quickly.

So, that's something to kind of

consider.

The FDA -- that's something that

they look at with the flu

vaccines, is looking at that

40-plus efficacy rate going

forward.

So, to Nancy's point, these

vaccines were kind of pushed

through the process, but their

efficacy rates were just so

significant that it made it

pretty easy.

Sorry, Liza.

Go ahead.

>> No.

No, that's terrific.

Another question for both of

you.

"We've been getting some reports

that side effects are more acute

after the second vaccination.

Is this true, and what should we

be watching out for?"

>> I'll start that one, Todd,

and then you can jump in.

It is true that some patients

may feel greater side effect

with a second dose.

First of all, that's a great

reason to have J&J, that's only

one dose, but it also is an

indication that the second

vaccine is working with a body

that already has immunity built

up from the first vaccine.

So, most of the side effects

from the second vaccine are

still local, with some arm pain

that can be there from the first

day to the 14th day, and it can

come on well after the

vaccination has been

administered.

However, we still have some

reports of aches and pains, they

get a headache, they feel cold.

Many of these resolved in far

less than a day, some as soon as

six hours, and the treatment for

that malaise or that fatigue or

the aches and pains is simply

acetaminophen, drink your water,

take a nap, and when you get up,

you should feel much better.

>> [Chuckles]

Todd, did you want to add to

that?

>> No, that's great, Nancy.

I think it's a great point, that

if you have those predictable

immune responses at the second

dose, that means that your body

is responding, and that's a

positive thing, to build that

immunity against the virus.

So, I agree with Nancy

wholeheartedly.

>> Mm-hmm.

Okay, yeah.

We're gonna go over just by a

couple minutes.

We had a little bit of a delay,

so let's ask one more question.

"Should we be expecting COVID-19

or some derivative thereof to be

a long-term issue for our

facility?

It seems we're getting it

under control."

>> Well, it's Nancy.

We don't know.

We don't know.

We first thought, as you

remember, that COVID was going

to be a seasonal virus, and yet,

it turned out not to be.

We also have no idea yet on how

long the immunity will last.

So, we know that COVID is out of

Pandora's Box, but we don't know

if this first pass of

immunization is a lifetime

immunization or whether we will

require boosters anytime soon.

I don't expect things to change

overnight, but they're getting

better.

I still think that even after

your first dose, you still have

to take the precautions because,

until you build that immunity,

you can still become sick.

So, we'll have to wait and see

what the effect of the immunity

is, how long it lasts, and this

is not a virus you're gonna

kill.

It's gonna be just like the

common cold.

But quite frankly, those

viruses change, and the common

cold isn't as common as it used

to be, for example, when we were

children, where, you know, the

teacher would have a box of

tissues at her desk.

So, we see that there are

mutations of viruses.

They don't like to be killed

with a vaccine.

They don't like to kill their

host because the viruses want to

live on, so they will either

become weaker over time or they

will mutate, like we see with

the European and the Brazilian

and the African mutants.

But what we do know is in terms

of vaccinations, the J&J still

seems very positive to fight any

of the mutations that we're

seeing with the virus, but any

virus will mutate so it can

live, and it doesn't like to

kill its host because it, too,

wants to survive.

When the host dies, so does the

virus.

>> That sounds like a great

application.

>> I said early on that there

would probably be a question we

couldn't answer, and this is it.

So, I appreciate that question,

and I think Nancy's right on it.

We don't know what the future

holds for this virus because, as

she said, we thought it would be

seasonal, but it's not.

It's survived in cold.

It's survived in warm weather.

And we've got to make sure that

we see what happens with the

vaccines and how long they build

that immunity.

So, my message has always been

to people I interact with is

even though you've had the

vaccine, keep your guard up, and

continue to practice the

infection control procedures and

those types of things that have

been put in place, because we

really don't know what's gonna

happen in the future with this

virus specifically, and I think

Nancy makes a great point there.

>> And I think they're also

evaluating whether to put the

vaccine into the annual

influenza vaccination.

You know how there are usually

three or four strains of virus

in that immunization?

We might be seeing COVID mixed

in with that as well.

We'll see what happens next

year.

>> Alright.

Well, on that note, thank you

both so much for this very

informative and educational

presentation.

We hope everyone in the audience

has enjoyed it.

This session will be available

shortly at

mcknights.com/march2021onlineexp

o.

We'd like to give a very special

thank you to our presenters,

Nancy Losben and Todd King of

Omnicare, a CVS company.

Again, please learn more about

the company at omnicare.com.

We apologize for some of the

technical problems, both from

this morning and the afternoon,

so thank you so much to the

audience for being a part of

this.

I want to remind all of you to

check out the exhibit hall, with

vendors and products in the

networking lounge.

Please take time to visit and

see what may interest you there.

Thank you all for tuning in to

this webinar.

You've been a big part of the

success today with your

wonderful questions.

This is Liza Berger for

McKnight's.