

1/19/21 Received from KDAOS

CMS **Questions for Facilities with Reported Cases +/- Reported Supply Shortages (Tiers 1-5 and 9)**

| Questions | Answer Choices |
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| <p>Q1. Is your facility working with any state or local partners to address infection control challenges (select all that apply)?</p> <p>***Note: If caller asks about Project ECHO, please see below for Scripted Question for #1***</p> | <input type="checkbox"/> Department of Health (State, City, County, Local) <input type="checkbox"/> Healthcare-Associated Infection (HAI) Advisory Committees <input type="checkbox"/> State or Local Emergency Management Agency or FEMA <input type="checkbox"/> Coalition or Partnership with other organizations (e.g. Hospitals, Universities, or other Nursing Homes) <input type="checkbox"/> State Survey Agency <input type="checkbox"/> Project ECHO <input type="checkbox"/> National Guard <input type="checkbox"/> Other, please specify: <input type="checkbox"/> No engagement with state/local partners |
| <p>Q2. Has the facility's COVID infection rate remained flat or declined in the last 14 days?</p> | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Facility does not know |
| <p>Q3. At what level did your facility ensure staff training at your nursing home using the CMS Scenario Based Training on the QSEP portal?</p> | <input type="radio"/> 0% <input type="radio"/> 1-25% <input type="radio"/> 26-50% <input type="radio"/> 51-75% <input type="radio"/> 76-100% |
| <p>Q4. What does your facility need help with right now? (Select all that apply)</p> | <input type="checkbox"/> Staffing <input type="checkbox"/> COVID Testing Supplies <input type="checkbox"/> Personal Protective Equipment (PPE) Supplies <input type="checkbox"/> Training, please specify: <input type="checkbox"/> Help with Reporting <input type="checkbox"/> No Assistance Requested <input type="checkbox"/> Other, please specify: |
| <p>Q5. Are you testing both staff and residents according to CDC/CMS outbreak testing guidelines?</p> | <input type="radio"/> Yes <input type="radio"/> No |
| <p>If "Yes" to Q5: 5a. How often are the residents tested for COVID?</p> | <input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> Other, please specify: |
| <p>5b. How often are staff tested for COVID?</p> | <input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> Other, please specify: |
| <p>If "No" to Q5:</p> | <input type="checkbox"/> We did not know about the guidelines. |

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| <p>5c. Why is your nursing home not testing according to CDC/CMS guidelines? <i>(Select all that apply)</i></p> | <ul style="list-style-type: none"> <input type="checkbox"/> We are experiencing severe staffing shortages that make frequent testing difficult. <input type="checkbox"/> We do not have enough testing supplies. <input type="checkbox"/> Our state has different guidelines. <input type="checkbox"/> Other, please specify: |
| <p>Q6. Does the facility have sufficient supplies to conduct testing in accordance with CMS/CDC Outbreak Testing Guidelines?</p> | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| <p>Q7.. Does the facility have sufficient personal protective equipment (PPE) for the next 7 days?</p> | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> |
| <p>If "No" to Q7:</p> <p>7a. Which categories of PPE does the facility anticipate being insufficient over the next 7 days? <i>(Select all that apply)</i></p> <p>7b. Is the facility using strategies to prolong supplies?</p> <p>7c. For PPE categories with shortages, do you purchase from one of these commercial distributors. If not one of these distributors, which company(s) do you procure from?"</p> <p>7d. Is the facility receiving assistance from local or state government to meet the PPE needs?</p> <p>7e. For PPE categories with shortage, do you require federal assistance to procure these items?"</p> | <ul style="list-style-type: none"> <input type="checkbox"/> N95 respirators <input type="checkbox"/> Surgical and procedure masks <input type="checkbox"/> Gloves <input type="checkbox"/> Gowns <input type="checkbox"/> Eye Protection, including face shields and goggles <input type="checkbox"/> Alcohol based sanitizer <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <ul style="list-style-type: none"> <input type="checkbox"/> AmerisourceBergen <input type="checkbox"/> Cardinal Health <input type="checkbox"/> Concordance Healthcare Solutions <input type="checkbox"/> Henry Schein <input type="checkbox"/> McKesson <input type="checkbox"/> Medline Industries <input type="checkbox"/> Other, please specify: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| <p>Q8. Does the facility have enough staff to meet resident needs and follow CDC guidance regarding staff quarantine and cohorting of residents?</p> | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| <p>If "No" to Q8:</p> <p>8a. What type of staff is the facility experiencing shortages ? <i>(Select all that apply)</i></p> | <ul style="list-style-type: none"> <input type="checkbox"/> Nursing Staff (e.g., registered or licensed practical nurse) <input type="checkbox"/> Clinical Staff (e.g., physician, physician assistant, nurse practitioner) |

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| <p>8b. Is the facility receiving assistance from local or state government to address your staffing shortages?</p> | <input type="checkbox"/> Nursing Aides (e.g., certified nursing aides, nursing assistant) <input type="checkbox"/> Other, please specify: (free text) |
| | <input type="radio"/> Yes <input type="radio"/> No |
| <p>Q9. (Optional) Additional General Comments:</p> | <p>(Free Text)</p> |
| <p>Name of person completing survey</p> | <p>(Enter individual name entering information)</p> |