

Jessica Kalender-Rich, MD

On the Ground


Washington... the beginning

- Data always changing
- We don't always know what we don't know
- We all want to protect our residents, and ourselves
- New information: asymptomatic carriers

Task Force Development

- Regional Task Force for COVID-19 in LTC
 - Goal: to review data, guide decisions, support local LTC, strategize resources. To bring it all together...
- Ongoing review of federal and state regulations
- Tools developed
 - K-CART
 - <http://preparemetrokc.org/covid19/longtermcare.htm>
 - Contactless hand-off for EMS
 - Guidance document for isolation, etc.
 - Re-opening checklists, signage
 - Memory care information

COVID-19 Patient Hospital Transfer Packet



THIS PATIENT HAS TESTED POSITIVE FOR OR IS SUSPECTED OF HAVING COVID-19

Patient Name: _____
Facility Name: _____ Phone Number: _____
Reason for discharge: _____
Discharging Physician Name: _____ Phone Number: _____

The following must be included in this packet:

- Face Sheet
- Most recent History and Physical
- Copy of COVID-19 Testing, if available
- Order Summary Sheet
- Medication list (MAR)
- DPOA paperwork including contact information of surrogate decision maker
- Advanced Care Planning Documents, if applicable
- DNR, if applicable
- Most recent labs
- Most recent Physician Progress Notes
- Nurses Notes for past 72 hours

If the following conditions are met, transport patient to the ambulance entrance for EMS to assess

- ✓ Patient is stable and not in extremis or requiring emergent resuscitation
- ✓ Patient is able to be moved safely without worsening patient condition
- ✓ Patient wears a face covering while being transported to ambulance entrance
- ✓ Staff can safely accomplish the move to the ambulance entrance

If any of these conditions are not met, EMS is to enter the facility per usual protocol wearing appropriate PPE

ICAR

- Infection Prevention and Control Assessment Tool
 - <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>
- Visitor restrictions/non-essential personnel
- Education, Monitoring, and Screening of HCP
- Education, Monitoring, Screening, and Cohorting of Residents
- Availability of PPE and Other Supplies
- Infection Prevention and Control Practices
- Communication

PPE Availability

- Assessment of PPE and conservation strategies
 - Some critical errors
 - Some overuse given supply
- Connect with resources when able, strategize for other options
- Share best practices from other facilities → community

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p><i>How is your current supply of: facemasks and respirators; gowns; gloves; eye protection? Does your facility have enough supply of facemasks and respirators (gowns, gloves, etc.) for the next 1-2 weeks?</i></p> <p>Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand sanitizer, EPA-registered disinfectants, tissues). (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p><i>What is your facility doing to try and conserve PPE? Are you aware of the recommendations to conserve PPE? Do you have a backup plan if you don't have enough?</i></p> <p>If PPE shortages are identified or anticipated, facility has engaged their health department and/or healthcare coalition for assistance.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>Facility has implemented measures to optimize current PPE supply (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p><i>Where is your PPE located? Is it readily available for staff that need it?</i></p> <p>PPE is available in resident care areas including outside resident rooms.</p> <ul style="list-style-type: none"> • PPE here includes: gloves, gowns, facemasks, N-95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles). 	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p><i>How much disinfectant does your facility have on hand? Do you expect a shortage?</i></p> <p>EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p><i>Are trash cans accessible throughout the facility? What about tissues?</i></p> <p>Tissues and trash cans are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	

New Admissions

- COVID positive resident: Infected vs Recovered
 - 10 days after symptom onset or, if asymptomatic, positive test
 - No benefit to re-testing someone who was already positive
- COVID negative resident or untested resident
 - Treat both as a PUI for 14 days
 - Monitor for symptoms
 - A negative test prior to admission is not necessary
 - Any of us could become positive within 14 days of any exposure

<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>

Re-opening

- On everyone's mind
- CMS lays out several requirements, KDADs recently released
 - Case Status in Community
 - Case Status in Facility
 - Adequate Staffing
 - Access to Adequate Testing*
 - Universal Source Control
 - Access to Adequate PPE
 - Local Hospital Capacity

<https://www.cms.gov/files/document/qso-20-30-nh.pdf-o>

https://kdads.ks.gov/docs/default-source/covid-19/reopening/nf-reopening-guidance-6-12-2020.pdf?sfvrsn=a9702ee_0

Testing Strategies

- Important to contract with a private lab
- Normal definition of outbreak: two or more positive cases or 3 or more new respiratory symptoms in 72h
- Current recommendations for COVID: if one positive, test whole building. All resident and staff. And repeat for all negatives in a week.

<https://www.cms.gov/files/document/qso-20-30-nh.pdf-o>

Positive Test

- One positive test: isolate
- Test everyone
- Cohort, cohort, cohort
 - Benefits of cohorting
 - Challenges of cohorting
 - Persons Under Investigation
- Re-test everyone that was negative, and again until all negative twice

Treat in Place

- Treatments available: oxygen, IV fluids/clysis
- Others being attempted: proning, anticoagulation
- Advance Care Planning
 - Mortality Rate for 65+ requiring intubation: 97.2%
- Palliative Care/Comfort Care

Richardson S, Hirsch JS, Narasimhan M, et al. Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area. *JAMA*. 2020;323(20):2052–2059. doi:10.1001/jama.2020.6775