FMDA Journal Club

April 1, 2020

Diane Sanders-Cepeda, DO, CMD – Presenter

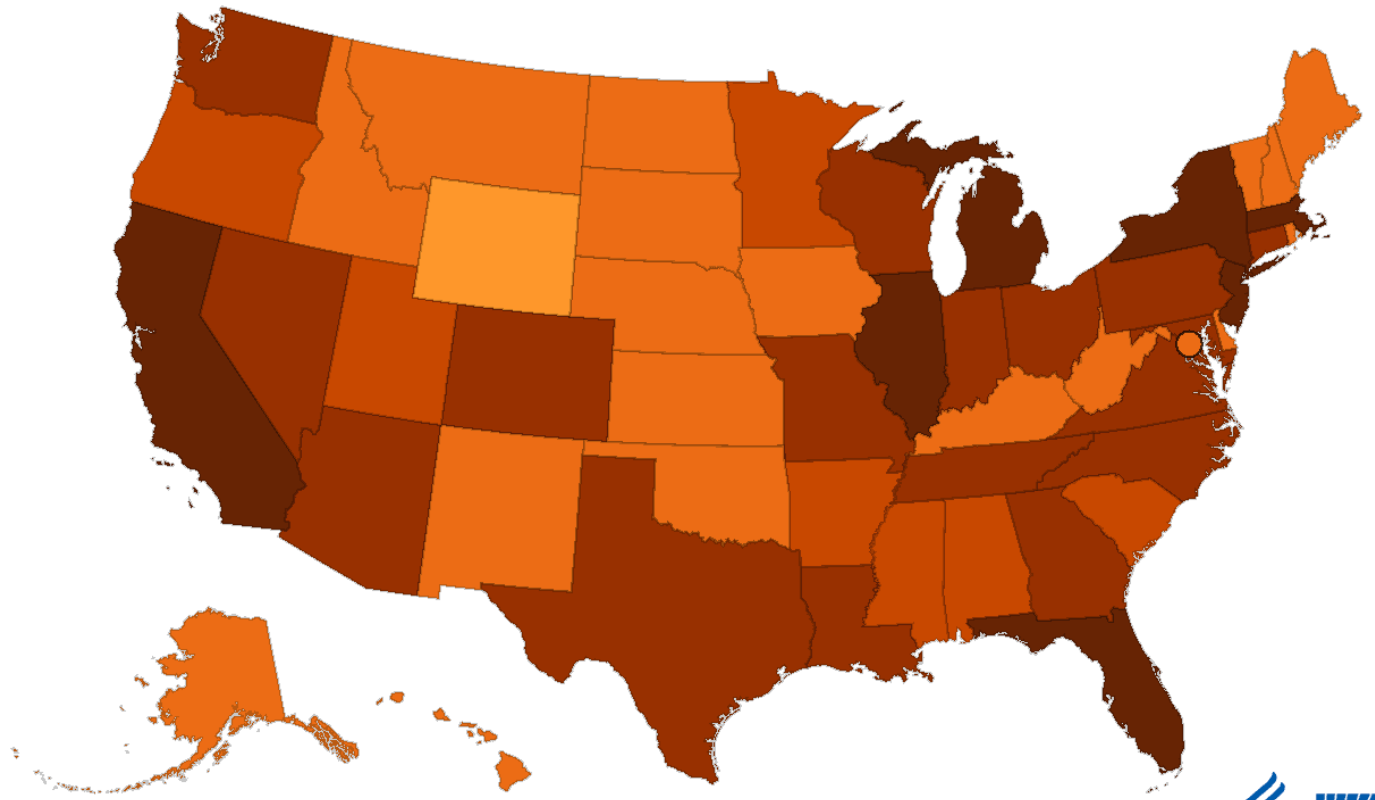
The Opportunities and Challenges of Treating COVID-19 Residents in Place

This meeting will be recorded and will be available at www.fmda.org/journalclub.php

Agenda

- COVID 19 status update
- Managing the COVID 19 patient
- PALTC preparedness
- Tales of a SNF Outbreak
- Open Discussion

States Reporting Cases of COVID-19 to CDC*



Territories AS GU MH FM MP PW PR VI

Reported Cases

(last updated March 30, 2020)

- None
- 1 to 5
- 6 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 to 5000
- 5001 or more

Florida's COVID-19 Data and Surveillance Dashboard

Florida Department of Health, Division of Disease Control and Health Protection

Florida Numbers:

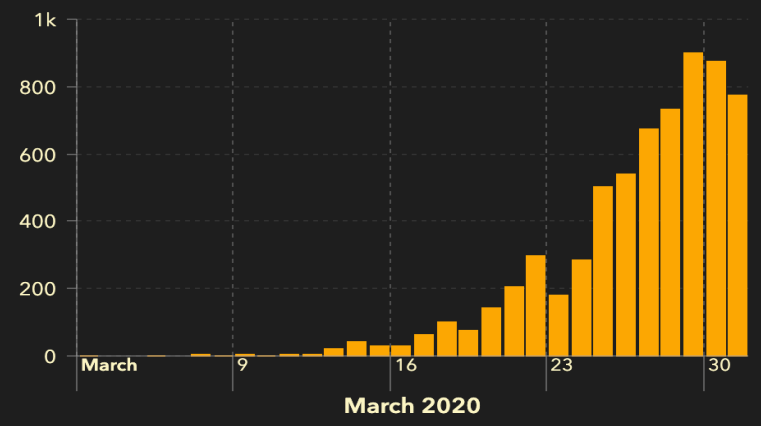
Total Cases
6,741

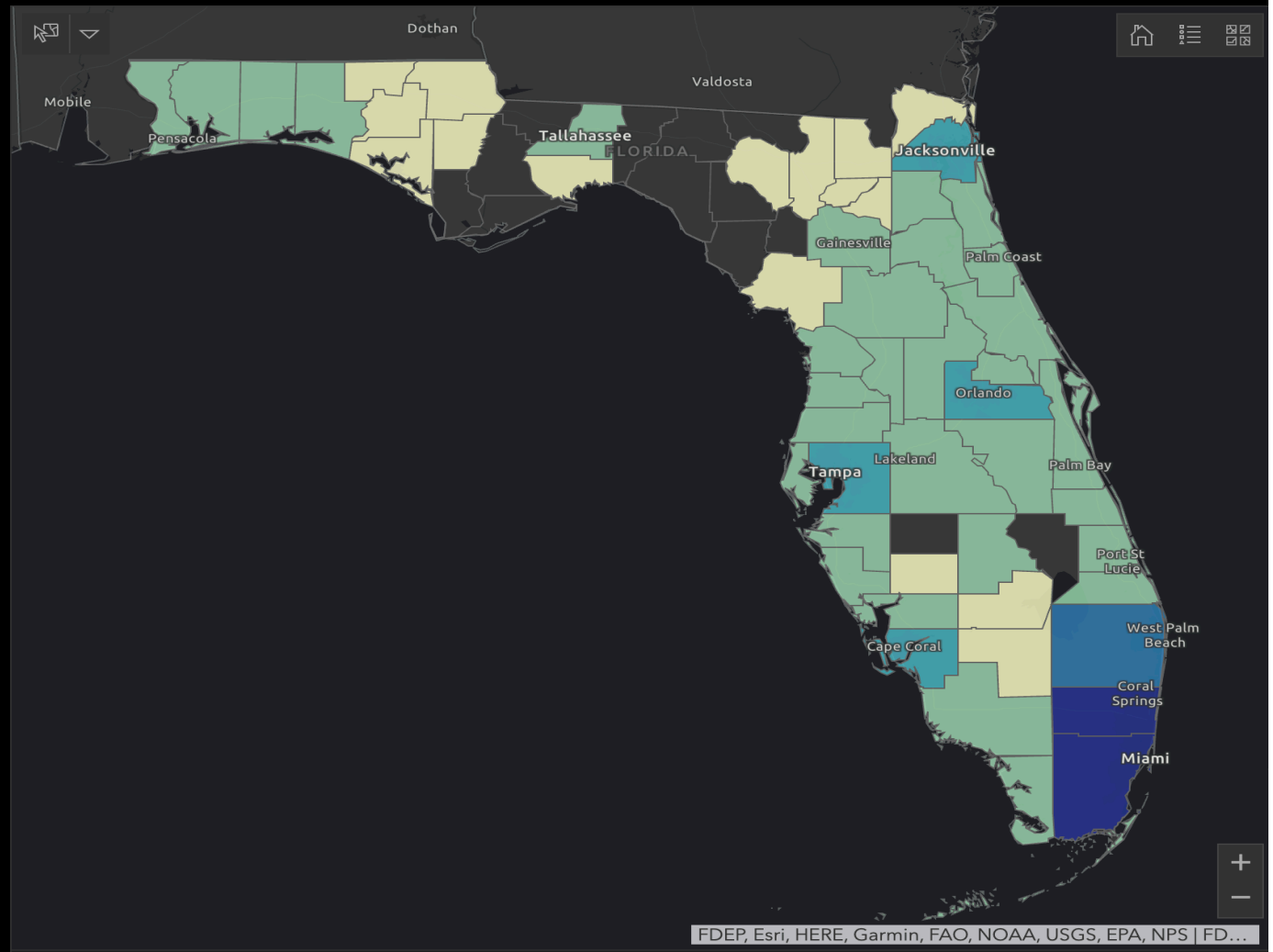
Positive Residents
6,490

Hospital
857
Admissions

Deaths
85

New Cases by Day





Florida case data is updated at approximately 11:30 a.m. and 6:30 p.m. daily.

United States of America

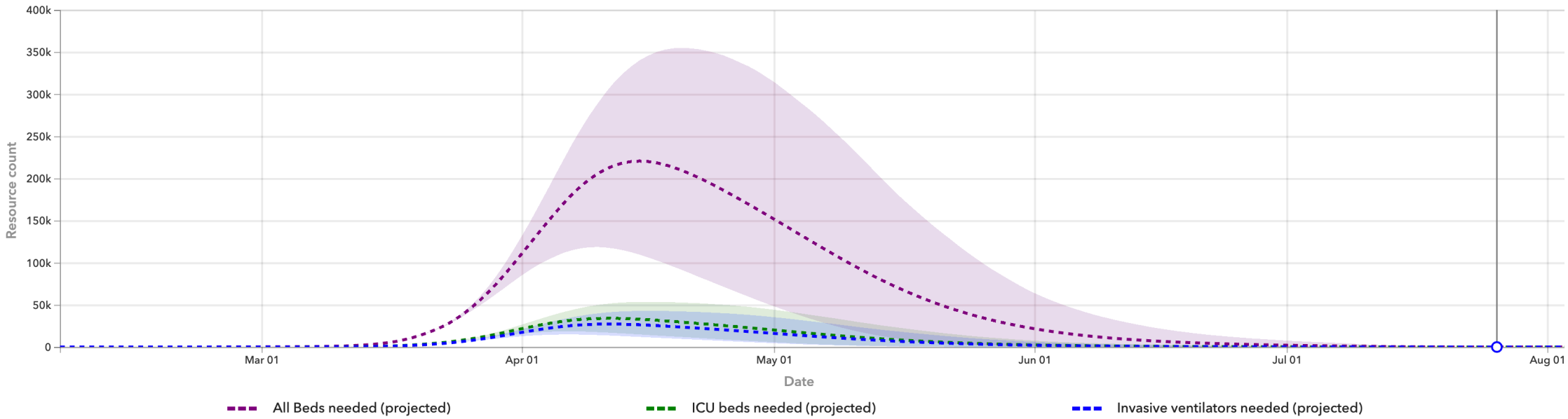
Hospital resource use

14 days until peak resource use on

April 15, 2020

Resources needed for COVID patients on peak date

All beds needed **220,643 beds**	Bed Shortage **54,046 beds**
ICU beds needed **32,976 beds**	ICU Bed Shortage **13,856 beds**
Invasive ventilators needed **26,381 ventilators**	



https://covid19.healthdata.org/projections

Florida

Hospital resource use

31 days until peak resource use on

May 2, 2020

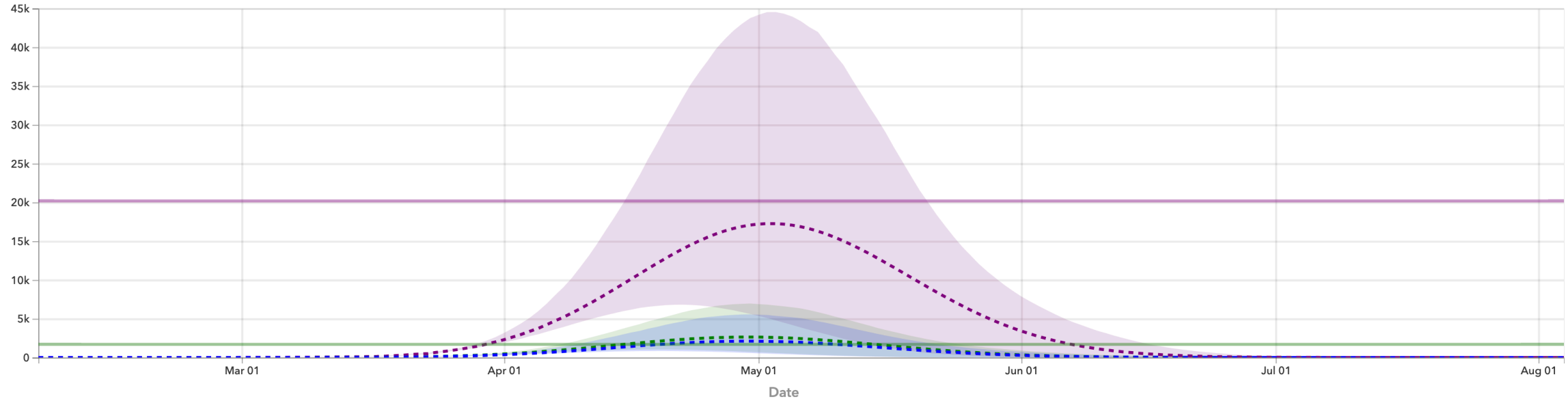
Resources needed for COVID patients on peak date

All beds needed	All beds available	Bed shortage
17,265 beds	**20,184 beds**	**0 beds**

ICU beds needed	ICU beds available	ICU bed shortage
2,612 beds	**1,695 beds**	**917 beds**

Invasive ventilators needed
2,090 ventilators

All resources | All beds | ICU beds | Invasive ventilators



https://covid19.healthdata.org/projections

Managing COVID – 19 patients in the SNF

Business

FDA authorizes widespread use of unproven drugs to treat coronavirus, saying possible benefit outweighs risk

Millions of doses of anti-malarial drugs hydroxychloroquine and chloroquine will be distributed to hospitals across the country to try to slow the disease in seriously ill patients

UF - Central Florida Health

System Treatment Guidelines for Confirmed SARS-CoV-2 Infection (COVID-19)

Patient group	Current Potential Therapy	Notes
Mild disease: Not requiring hospitalization OR Hospitalized patient with (SPO2 > 94%), and NO radiographic evidence of pneumonia	**Supportive care**	• **Consider discharge if stable clinically**
Moderate disease: Hospitalized patients with hypoxia (SPO2 ≤ 94 %) AND Radiographic evidence of pneumonia	Start empiric antibiotics. Consider de-escalation after 48 hours. Refer to Pneumonia PowerPlans™. **Hydroxychloroquine** 400 mg PO q 12 hrs. x 2 doses then 12 hours later start 200 mg PO q 12 hrs. for 5 days	• **Infectious Diseases consult required for all hospitalized patients with confirmed COVID19** • Check EKG prior to hydroxychloroquine initiation for QT prolongation. Risk is increased when used with other QT prolonging drugs. • Recheck EKG once after drug initiation and manage clinically. • Review potential medication interactions and other possible side effects
Severe disease with respiratory failure: Patient requiring mechanical ventilation	Start empiric antibiotics. Consider de-escalation after 48 hours. Refer to Pneumonia PowerPlans™. **Hydroxychloroquine** 400 mg PO q 12 hrs. x 2 doses then 12 hours later start 200 mg PO q 12 hrs. for 10 days	• **Infectious Diseases consult required for all hospitalized patients with confirmed COVID19** • Check EKG prior to initiation of hydroxychloroquine for QT prolongation. Risk is increased when used with other QT prolonging drugs. • Recheck EKG once after drug initiation and manage clinically. • Review potential medication interactions and other possible side effects
Evidence of cytokine release syndrome: Worsening of respiratory function with evidence of CRS with documented elevated IL-6 levels (results in 3 to 5 days).	**Consider Tocilizumab**	• **Infectious Diseases consult required for all hospitalized patients with confirmed COVID19**

UF - Central Florida Health

System Treatment Guidelines for Confirmed SARS-CoV-2 Infection (COVID-19)

Other Drug Therapy Notes	
Chloroquine	Available for use once hydroxychloroquine supply has been diminished. Recommended dosing 500 mg PO every 12 hours x 10 days.
Remdesivir	Only available from the manufacturer on compassionate use. Per Gilead, due to overwhelming demand over the last several days, during this transition period we are unable to accept new individual compassionate use requests, with the exception of requests for pregnant women and children less than 18 years of age with confirmed COVID-19 and severe manifestations of disease. We are focused now on processing previously approved requests and anticipate the expanded access programs will initiate in a similar expected timeframe that any new requests for compassionate use would have been processed. Exclusions for compassionate use evidence of multi-organ failure, pressure requirement to maintain blood pressure, ALT levels greater than five times the upper limit of normal, creatinine clearance less than 30 ml/min or dialysis or continuous veno-venous hemofiltration. Inclusion criteria include hospitalized, confirmed COVID-19 by PCR, intubated. Remdesivir cannot be used in conjunction with any other potentially active agents.
Corticosteroids	Per WHO guidelines, given the lack of effectiveness and possible harm, especially delayed viral clearance, routine corticosteroids should be avoided unless they are indicated for other reasons such as exacerbation of asthma,COPD and refractory septic shock.
Lopinavir/ritonavir (Kaletra)	Based on most recent data, shows lack of benefit in severe COVID-19 cases, not currently recommended.
Oseltamivir	SARS-CoV-2, the virus that causes COVID-19, does not use neuraminidase as part of the viral replication cycle so oseltamivir is unlikely to be of therapeutic value, and supplies of the drug should be preserved for patients with influenza.
IVIG	IVIG remains on critical national shortage. The benefit in patient with COVID-19 is unclear.

COVID-19 patient scenarios

Suspected COVID – 19 patient in SNF

COVID – 19 positive patient discharged to SNF

Cornerstone to Treating in Place

- Advance Care Planning
  - Hospitalize vs. Do not Hospitalize?
  - Does patient family want resuscitation/intubation vs. DNR?
  - Contingency planning - if condition symptoms worsen or condition deteriorates?
  - Plan for Symptom Management

Proposed Protocol Treat in Place

Frequent Vitals
(recommend Q 4 hours)

Supplemental Oxygen
O2Sat < 92%

Start Treatment with Hydroxychloroquine (with Azithromycin in adjunct)

EKG before & after starting treatment

Labs: CBC, CMP, CRP, LDH, (PT, D-Dimer?), Flu Swab, COVID – 19 testing

Deprescribe ICHs, NSAIDs, nebulizers

Isolate all suspected cases

Resident's decline can progress Rapidly

- Tachypnea
- Respiratory Failure – persistent & worsening
  Shortness of breath, work of breathing, air hunger
- Tachycardia, Tachyarrhythmias
- Hypoxia, severe Hypoxia
- Altered Mental Status

Receiving Patients from Acute Setting

AHCA
AMERICAN HEALTH CARE ASSOCIATION

NCAL
NATIONAL CENTER FOR ASSISTED LIVING

Sunday, March 29, 2020

State Advisories re: Hospital Discharges and Admissions to Nursing Homes and Assisted Living Communities

As we anticipate the coming surge in COVID-19 cases in the Unites States, there is a clear need to balance the issues of patient safety, surge management, and conflicting guidelines and public policy around hospital-to-nursing home or hospital-to-assisted living community transfers. We are in extraordinary times, making highly complex decisions, often without adequate information and data.

We are deeply concerned with the recent New York State order, which states:

> *"No resident shall be denied re-admission or admission to the NH solely based on a confirmed or suspected diagnosis of COVID-19. NHs are prohibited from requiring a hospitalized resident who is determined medically stable to be tested for COVID-19 prior to admission or readmission."*

Hospital to Post-Acute Care Facility Transfer – COVID-19 Assessment

INSTRUCTIONS: <u>All hospitalized patients should be assessed for COVID-19 prior to transfer to a post-acute care facility.</u> This tool should be used to document an individual's medical status related to COVID-19 and to facilitate communication between the hospital and the receiving facility during patient transfers. This document must be signed-off by the physician, APRN, or PA who completes the clinical assessment. **CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT'S STATUS:**

Patient Name: _____

Transferring Facility: _____ Accepting Facility: _____

Has patient been laboratory tested for COVID-19?

☐ **YES, Patient tested for COVID-19**
Date of test_____
What was the indication for testing?

☐ **NO, Test was NOT INDICATED per CDC testing criteria. May transfer.**

☐ **Travel/Exposure** In the past 14 days, has the patient been to any of the restricted travel areas, traveled internationally, traveled on a cruise ship, or exposed to a person who has been lab tested positive for COVID-19?
Dates of travel_____ Date(s) of exposure_____

☐ **Respiratory** Signs/symptoms of a respiratory illness (cough, sneezing, fever>100, shortness of breath, sore throat).

☐ **Negative test**

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

☐ **YES** ☐ **NO/Not Applicable**

→ **MAY NOT TRANSFER** (YES)

→ **MAY TRANSFER** (NO/Not Applicable)

☐ **Positive test**

Does patient meet criteria outlined in *CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19?*

☐ **YES** ☐ **NO**

→ **MAY NOT TRANSFER** (NO)

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

☐ **YES** ☐ **NO**

→ **MAY NOT TRANSFER** (YES)

→ **MAY TRANSFER** (NO)

Clinical Assessment Completed by (signature)

Date/Time

Reported to (name of facility staff)

Date/Time

Florida Health Care Association

FHA Florida Hospital Association — Mission to Care. Vision to Lead.

LeadingAge Florida

Form updated as of 3/15/20

PALTC Preparedness

COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings

Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). This checklist should be used as one tool to develop a comprehensive COVID-19 response plan, including plans for:

- Rapid identification and management of ill residents
- Considerations for visitors and consultant staff
- Supplies and resources
- Sick leave policies and other occupational health considerations
- Education and training
- Surge capacity for staffing, equipment and supplies, and postmortem care

The checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Long-term care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings [PDF – 1 MB]

https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes

Summary of Changes to the Guidance:

Updated guidance to recommend that nursing homes:

- Restrict all visitation except for certain compassionate care situations, such as end of life situations
- Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers)
- Cancel all group activities and communal dining
- Implement active screening of residents and HCP for fever and respiratory symptoms

COVID-19 is being increasingly reported in communities across the United States. It is likely that SARS-CoV-2 will be identified in more communities, including areas where cases have not yet been reported. As such, nursing homes should assume it could already be in their community and move to restrict all visitors and unnecessary HCP from the facility; cancel group activities and communal dining; and implement active screening of residents and HCP for fever and respiratory symptoms.

https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

What is the PALTC Continuum?

SNFs/LTCs

Assisted Living

Outpatient office

Home Care/Home Health

Hospice

PALTC preparedness

Isolation - Create a plan to Cohort COVID-19 suspected and confirmed cases as well as high-risk populations (Dialysis patients)

Addressing PPE Shortages

Medication authorization

Operationalizing Telehealth

New Rochelle Outbreak

Dr. Elaine Healy

Open Discussion

Thank You for Your Participation!

For additional questions
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fmda

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PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

Best Care Practices
In the Post-Acute & Long-Term Care Continuum

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