# Clinical Care: Managing COVID-Positive Residents

4:00 - 5:00 PM ET

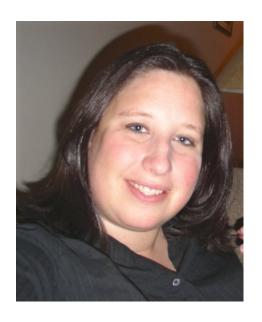
June 18, 2020





#### Introduction and Welcome





Traci Archibald
iQIIG, Director
Division of Community and Population Health
Centers for Medicare & Medicaid Services

#### Meet Your Speaker





Jane Pederson, MD, MS
Chief Medical Quality Officer
Stratis Health





## SUPERIOR HEALTH Quality Alliance

## Clinical Care – Managing COVID-19 Positive Residents

Jane C. Pederson, MD, MS June 18, 2020

### **Objectives**

As a result of this webinar, participants will be able to:

- Define who should be considered Coronavirus Disease 2019 (COVID-19) positive.
- Describe varied courses of illness in older individuals.
- Discuss key aspects of effective management.
- Describe advance care planning in the midst of COVID-19.



## Who is COVID-19 positive?

- Tested positive
  - Published test sensitivities higher than real life
    - When in the course of illness the sample is collected
    - Technique
    - Sample degradation
  - Resulting from screening of symptoms
- Presumed positive
  - Symptoms, however
    - Test negative and no alternative diagnosis
    - Not tested or awaiting results





#### Potential courses of illness

- No symptoms.
- Minor symptoms with recovery.
- No symptoms or minor symptoms followed by rapid decline with respiratory/organ failure and generally death.
- No classic COVID-19 symptoms (no fever or respiratory symptoms) with slow decline – fatigue, decreased eating/drinking, less alert – generally leading to death.



## Advanced Care Planning (ACP) in the midst of COVID-19

- ACP is always important but, becomes crucial in the midst of COVID-19.
- Most important question is whether the resident or the family do or do not want hospitalization if COVID-19 symptoms worsen.
  - DNR/DNI is secondary to this question
- As soon as this discussion occurs document on paper and in the electronic health record (EHR).
  - Must be ready in case of rapid decline



## Management – what to look for

- Hypoxia or increase in O2 requirements
- Temperature
- Fatigue or change in level of alertness
- Decrease intake of food/fluids
- Neurological changes COVID-19 associated CVA, DVT
- Any significant change from baseline

Don't let classic COVID-19 symptoms bias you.





## Management – increased monitoring

 CDC has recommended monitoring COVID+ residents at least 3 times/day in their IPC guidance for nursing homes

 Evaluate and Manage Residents with Symptoms of COVID-19: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>



## Management – what to have at the ready

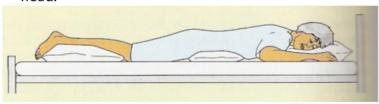
- Consider creating standing orders for COVID-19.
  - Acetaminophen
  - Supplemental O2
  - Discontinuation of non-essential medications
  - Change nebulizers to MDI
- Guidance for staff on proning.
- Access to comfort medications.
  - Concentrated opioids for dyspnea
    - Morphine 20mg/ml 2.5mg-5mg PO/SL q4-6



#### **Prone and Semi-Prone Positions**

#### **PRONE POSITION**

- -- The person lies on the abdomen with the head turned to one side.
- The bed is flat.
- Small pillows are placed under the head, abdomen, and lower legs.
- Arms are flexed at the elbows with the hands near the head.



#### **SEMI PRONE POSITION**



- -- A pillow is under the head and neck.
- The upper leg, ankle, and thigh are supported with pillows.
- A small pillow is under the upper arm and hand.
- A rolled towel support lower foot.





## Management – Challenges due to staffing

- Cohorting and change in staffing patterns lead to less familiarity with residents.
  - Need good communication and documentation.
  - Consider symptom based charting that can be tracked (not dependent on staff knowledge of a resident).
- Personal protective equipment (PPE)
  - Fit tested N95 (note: KN95 are made to different standards)
- Plan for staffing crisis (e.g. orders for meds that will be held for everyone).



## Management – other considerations

- Anti-coagulation
  - COVID-19 is a pro-coagulant.
  - Clinicians may choose to anti-coagulate.
  - Resource: AMDA statement
- Vitamin D
  - No clear evidence.
  - May see it prescribed.
- Famotidine
  - No clear guidance.
  - May see residents switched from other meds.



## Cardiopulmonary resuscitation - CPR

- Guidance is not consistent.
- Two staff with fit-tested N95 and face shield.
- Ambu-bag with HEPA filter.
- Staff should not be put at risk.
  - Only do what you can safely accomplish.
- Create a protocol based on what you have for PPE and supplies.
  - Follow your protocol.
  - Communicate the protocol with residents and families.



## What is COVID recovery?

- Answer is murky and probably will be for quite awhile
- Time based definition
  - For those who have been symptom free
- Time and symptom based definition
  - For those either tested positive or presumed positive
- Test based definition (assumes no persistent symptoms)
  - Generally two or more negative tests



### Thank you!

They once were children/youth that ran through sprinklers and played on sports teams.....They once were gainfully employed and contributing to our workforce. They are sons, daughters, moms, dads, aunties, uncles, grandmas and grandpas with such a wealth of wisdom. Their life has contracted to congregate living, with dependency from independence. Caring for them...it's a privileged and daunting task.

Lois Sipprell, CNP



### **Questions?**

#### Resources:

 AMDA: The Society for Post-Acute and Long-Term Care – Anticoagulation of Patients with COVID 19 in PALTC <a href="https://paltc.org/covid-19">https://paltc.org/covid-19</a>

 Evaluate and Manage Residents with Symptoms of COVID-19: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>





## SUPERIOR HEALTH Quality Alliance

This material was prepared by the Superior Health Quality Alliance, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 12SOW-MI/MN/WI-NH-20-63 061620

#### CDC NHSN COVID-19 Reporting Reminders



The CDC provides recordings of previous trainings posted on the LTCF COVID-19 website,

<a href="https://www.cdc.gov/nhsn/ltc/covid19/index.html">https://www.cdc.gov/nhsn/ltc/covid19/index.html</a>
for those who need a refresher.

Also, the NHSN LTCF June newsletter will be coming out later this month, so please look out for the newsletter. Newsletters are posted here, <a href="https://www.cdc.gov/nhsn/newsletters/index.html">https://www.cdc.gov/nhsn/newsletters/index.html</a>

#### **Open Discussion and Questions**





#### Join Us





Join us for the next Nursing Home Training Call on Thursday, June 25, 2020 from 4:00 - 5:00 pm ET

Details forthcoming!

#### Thank You





Your opinion is valuable to us. Please take a moment to complete the post event assessment here:

https://www.surveymonkey.com/r/KBDXNQR

We will use the information you provide to improve future events.

