Coronavirus Part II

Adapting Clinical Workflows

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4/30/20
Quick Recap from Navigating Patient Care

- We discussed the importance of flattening the curve
- Signs and symptoms: 6 new s/s
- How quickly things are changing across America
- All our pt’s fall into this category.
Navigating Patient Needs

- Follow up with doctors
- Medication needs
- DME
- Food service
- Community service
- Home Isolation
- Acute Care facilities
- HHC
- SNF
- Mental Health

HOME HEALTH CARE

SNF
Number of COVID-19 Cases in the U.S. by Date Reported

January 22 to April 25, 2020
Timing for Reopening of Elective Surgery

Considerations - Facilities should evaluate the following before resuming elective surgery:

- Impact of fatigue
- Sustained resumption
- Avoid crisis standards of care
- Local authorities
- Adequate staff?
- Appropriate number of supplies?

Safe surgery together
22 States Opening for Elective Surgeries (as of 4/23)

April:
IN-4/21
UT-4/22
TX-4/22
OH-4/22
CA-4/22
OK-4/24
CO-4/26
AR-4/27
IA-4/27
NY-4/28
NV-4/28
TN-4/30
AL-4/30

May:
AZ-5/1
OR-5/1
VA-5/1
IL-5/1
AK-5/4
NE-5/4
VT-5/15
WA-5/18
SD-5/31
Timing for Reopening of Elective Surgery

**Principle:**
- There should be a sustained reduction in the rate of new COVID-19 cases in the relevant geographic area for at least 14 days.
- The facility shall have appropriate number of intensive care unit (ICU) and non-ICU beds, personal protective equipment (PPE), ventilators and trained staff to treat all non-elective patients without resorting to a crisis standard of care.

**Considerations:**
- Any resumption should be authorized by the appropriate municipal, county and state health authorities.
- Facilities in the state are to safely treat all patients requiring hospitalization without resorting to crisis standards of care.
Core State Preparedness Responsibilities

TESTING & CONTACT TRACING

- Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results

- Ability to test Syndromic/ILI (influenza type illness) indicated persons for COVID and trace contacts of COVID+ results

- Ensure COVID-19 surveillance sites are screening for asymptomatic cases and contacts. Sites operate at locations throughout the district that serve older individuals and other high-risk groups. Practitioner should ensure that results are being traced and reported.
Hospital Challenges

Uncharted Waters

Ventilators?

Supplies?

Who goes first?

Beds?

Staffing?

Protocols?
Hospital Recommendations

For Acute Care when restarting elective surgeries.

- Phased approach based on data and readiness

- Robust testing program in place for at-risk healthcare workers, including emerging antibody testing in order to mitigate risk of resurgence and protect the most vulnerable.
Healthcare System Capacity

- Medical Equipment (vents, beds, DME, anesthesia medications, neg airflow rooms, and surgery specific surgical packs)
- ICU capacity
- PPE
  - Adequate cleaning supplies available
- Adequate Staffing
  - Routine screenings
  - Proper quarantine if needed
- Evaluate training needs

Plans Must Be In Place

- Protect employees and users of mass transit
- Monitor data of local outbreak regarding C-19
- Adjusting protocol based on rapidly changing state and local guidelines
Elective Procedure Prioritization

- List of previously cancelled and postponed cases.
- Surgical prioritization based upon comorbid conditions
- Strategy for phased opening of operating rooms.
- Identify capacity goal prior to resuming 25% vs. 50%
- Outpatient/ambulatory cases start surgery first followed by inpatient surgeries.
PGP and Case Management
Challenges To Re-opening the Clinic

- Monitor COVID-19 trends in the area where re-starting in-person care.
- Evaluate the necessity of the care based on clinical needs.
- Maintain decreased volume of appointments
- Consider establishing screening zone.
- Establish guidelines for all staff and patients
- Sufficient resources and supplies
- PPE (masks/shields, gloves and gowns)
- Hand sanitizer and bleach
- C-19 testing supplies

(Visitors should be prohibited unless necessary for patient care and be pre-screened in the same way as patients).

**REMEMBER:** Keep social distancing in waiting rooms!
Patient Optimization and Surgical Readiness

- Risk Assessment re-evaluation needed.
- History and physical
- Preoperative patient education classes vs. remote instructions
- Medical Clearance from all consultants (pulmonary, cardiology, ID)
  - Consider use of telemedicine as well as nurse practitioners and physician assistants for components of the preoperative patient evaluation.
- Blood draw
- EKG
- Chest X-Ray
- Surgery and anesthesia consents per facility policy and state requirements.
- Negative COVID-19 Test (prior to procedure)
Facilities should be prepared to cease elective procedures if there is a surge of COVID-19.

Be Flexible: This can allow for safely extending in-person non-emergent care in select communities and facilities.

Be aware of hospital changes to discharge protocols (are they using alternative placement: IRF/LTACH)

Inquire about any PGP/hospital COVID-19 protocol development committees

Reach out to Fusion5 client management team with any assistance or guidance.
Patient Concerns

Is it safe to go the hospital?

Will I have to repeat my pre-op tests?

Can my family visit?
Current Patient Challenges

- Patient Concerns
  - Safety
  - Will I need to repeat all testing
  - Can my family visit me
- No help at home (due to family not coming over as much)
  - Higher acuity pt’s at home with little to no help
- Not getting Home Health Care
- Outpatient Therapy Limitation
- Difficulty getting groceries
- Medications

- Telehealth equipment
- Limited appointment availability
- Office hours
- Limited resources depending upon geographic location
- Transportation barriers
- Limited Education about Medical availability.
- Age
- Language barriers
Opportunities to Help Our Patients

- Assist with making appts for pt’s (specialists and telehealth)

- Encourage the importance of HHC instead of SNF/IRF unless indicated

- Identify barriers at home and offer suggestions.

- Offer support and guidance

- Lifeline to physician
Mental Health (often not managed)

Mental Health

- Medicare will cover telehealth appts
- LCSW are covered for mental health
- Websites
- Talk with the PCP
- NAMI (National Alliance for Mental Illness)
- Suicide Hotline
- Offer support and guidance
- Support groups
Skilled Nursing Facilities

- Following CDC recommendations
- Accepting patients who are not showing signs and symptoms of COVID-19
  - Will be on 14-day isolation monitor for COVID-19 symptoms
  - COVID-19 (pos) facilities require 2 negative tests and symptom free for 7 days prior to admitting
    - Potentially slowing discharges from acute hospital to SNF
    - Some facilities have a designated COVID wing
- Rehab is still occurring after 14-day isolation patients can go to Rehab Gyms
  - Maintaining social distancing of 6 feet rule as well as masks for staff and pt’s
- Restricted visitation except for end of life care
- Staff screening protocols in place
  - Staff shortages
- Social distancing for activates and dining-some facilities pt are dining in room
- Ongoing assessments of residents for COVID s/s
- Early notification of the referral is preferred in order to locate an appropriate bed
- Personal belongings being limited and quarantined for the first 72 hours
Home Health Agencies

- Following CDC recommendations which are consistent across all states
- Most agencies report adequate staffing to handle the increased volume of resumption of elective surgeries
- Utilizing telehealth (Oasis evaluations must be done in person)
- Screening of staff prior to start of the day
  - Staff wearing masks and gloves while in the home
- Screenings of patients and family prior to home entry
  - Some agencies are performing telephonic screens prior to each visit
- Some are handing out flyers to referral sources about safety control
- CMS has waived the “home bound” requirement for pt’s needing therapy services
- Requesting the COVID-19 test results as part of the referral
What does this mean for your bundled care patients needing post acute care?

- Expect reduced access to skilled nursing care
- If SNF is indicated, facilities within the Fusion5’s Performance Network have the best capability to manage patients care.
- If successful in admission to skilled care, CMS has lifted the 100-day maximum.
  - Facilities not adhering to our bundled guidelines
  - Increased confusion related to social isolation with the facility
- Home Health Agencies are better equipped to manage any influx in patients due to resumption of elective surgeries.
  - This is based on our “healing at home” philosophy; safer, better outcomes, increased quality of life.
- The home environment is preferred over SNF due to:
  - Family’s availability to provide physical interaction and emotional support
  - Social distancing easier to maintain at home
  - Minimized risk of exposure due to fewer people within the home

(We need to exhaust all possibilities of getting our pt's home prior to thinking about SNF/IRF/LTACH options)
COVID-19 Tile

**Episode**: Renal Failure
- **Admin Date**: 04/10/2020
- **Test Name**: SARS CoV-2
- **Result Date**: 04/12/2020
- **Result Source**: Lab verified
- **Notes**: Acute renal failure likely multifactorial to include COVID-19 infection; Related to COVID-19, good urine output. Nephrology consulted.
### CM Dashboard Screen

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<thead>
<tr>
<th>Admin Date</th>
<th>Test Result (Result Date)</th>
<th>Presentation</th>
<th>Action</th>
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<tbody>
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<td>4/27/2020</td>
<td>Pending</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>4/14/2020</td>
<td>Negative (4/21/2020)</td>
<td>Asymptomatic</td>
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</tr>
<tr>
<td>3/21/2020</td>
<td>Positive (3/15/2020)</td>
<td>Symptomatic</td>
<td></td>
</tr>
</tbody>
</table>
CM Dashboard; Patient lists
COVID-19 Screening goes over the typical questions; travel, in contact with anyone in 14 days, fever/cough and SOB.

COVID-19 Initial Assessment: self isolation, any help at home, asks about access to medication and food, appetite, temp and frequency, medication to care for fever, cough and SOB, chest pain, anxiety/depression, any treatment within an urgent care or ED.

COVID-19 Week 1-3 Follow up: evaluation questions based upon the Initial Assessment.
- To be done at week 1, 2 and 3.
References/Websites

1. Centers for Disease Control and Prevention: www.cdc.gov
2. World Health Organization: www.who.int
3. John Hopkins University: www.jhu.edu
4. Mayo Clinic: www.mayoclinic.org
7. Fusion 5 COVID-19 Information Updates: www.fusion5.us/covid19/

Department of Health and Senior Services: (This search will bring up your local department of health)