

Interprofessional Team Management of COVID 19 In Nursing Homes

Cohort 4 Session 11

February 10, 2021

2-3:30 p.m.

Please note, Project ECHO collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.

**AHRQ ECHO National Nursing
Home COVID-19 Action Network**



Today's Agenda

Follow-up from Session 10 – The Role of the CNA in COVID 19

Interprofessional Team Management of COVID 19 in Nursing Homes

Monoclonal Antibodies – Video

Case Study and Break Out Rooms

Performance Improvement Discussion

Wrap-up and Poll

Questions & Answers

Session 10 Follow Up: The Role of CNAs in COVID 19

- Did you have any “aha” moments related to the role of CNAs in COVID 19?
- Did you learn anything last week that you took back and tried with your team?



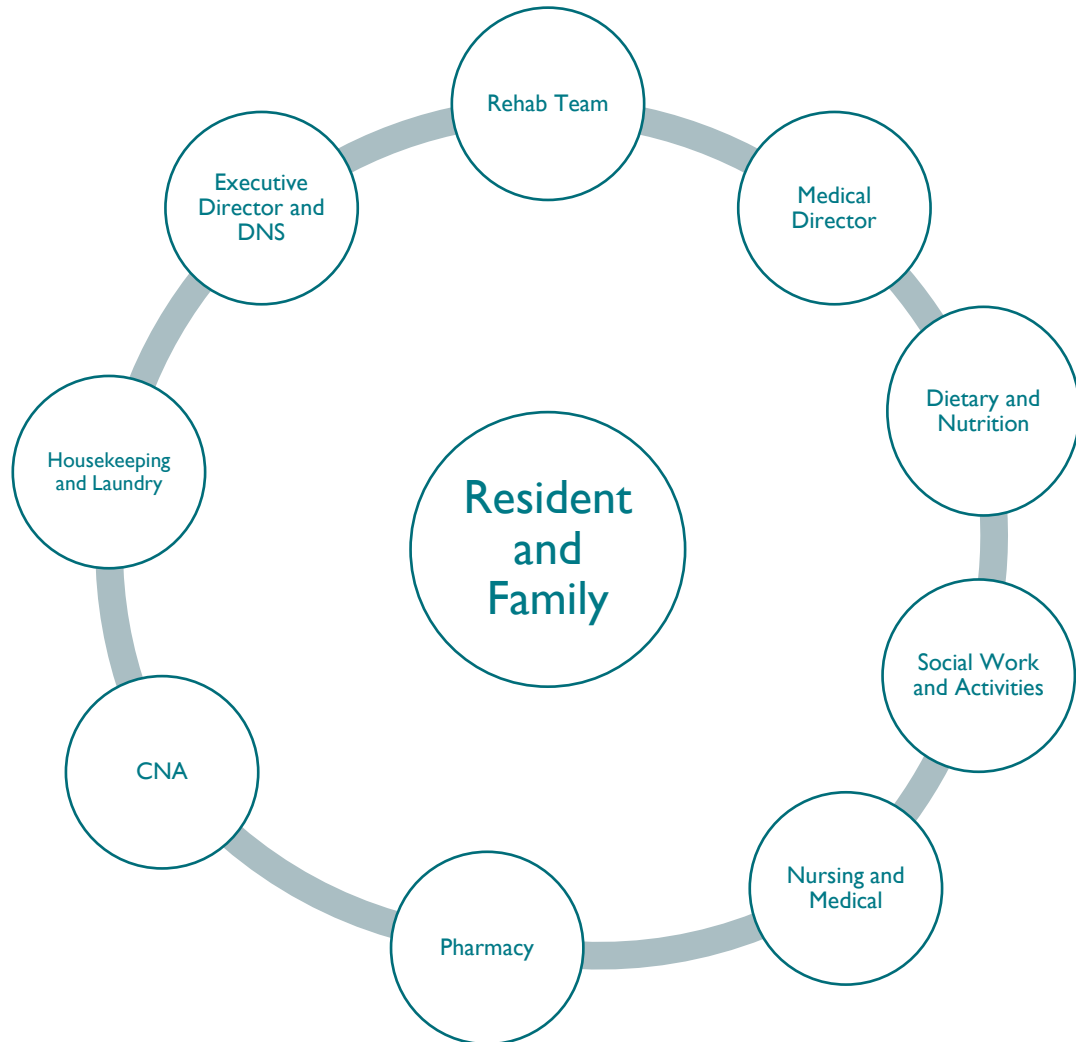
Vaccine Clinic Follow Up



Interprofessional Team Management of COVID 19 In Nursing Homes



The Interprofessional Team



EXAMPLES:

- Rehab Team-_____
- Dietary and Nutrition-_____
- Social Work and Activities-_____
- Nursing and Medical-_____
- CNAs-_____
- Housekeeping and Laundry-_____
- Executive Director and DNS-_____
- Medical Director - _____
- Pharmacy - _____

Interprofessional Team Management:

Mr. Anthony Delgado

- 78 year-old long stay resident tests COVID positive during outbreak testing
- Initially asymptomatic
- Transferred to COVID positive unit where he develops fever and lethargy two days after transfer
- Case is reviewed during morning meeting and plan includes:
 - Increase vital sign monitoring to every 4 hours for 48 hours, then reassess
 - Monitor for additional signs and symptoms and/or change in condition
 - Assist with meals and encourage fluids
 - Update MD/NP
 - Update family

Treating Mr. Anthony Delgado in the Nursing Home

- If clinical deterioration occurs:
 - Review goals of care and advance directives with resident and family
 - Consider supportive care in nursing home
 - Consider transfer to hospital
- Mr. Delgado is evaluated by his medical team and the following orders were written:
 - Continue monitoring vital signs and O2 saturation every 4 hours
 - Labs ordered to rule out secondary bacterial infection
 - CXR to rule out pneumonia
 - O2 2L via nasal cannula
 - Encourage fluids; consider IVF if labs indicate dehydration or unable to take pos

Breakout Session: Interprofessional Team Management of Mr. Delgado

- Case is reviewed during morning meeting and plan includes:
 - Increase vital sign monitoring to every 4 hours for 48 hours, then reassess
 - Monitor for additional signs and symptoms and/or change in condition
 - Assist with meals and encourage fluids
 - Update MD/NP
 - Update family
- For Discussion:
 - Which members of the interprofessional team are responsible for each of these care plan activities?
 - How can all members of the interprofessional team be engaged in monitoring?
 - How are changes reported?
 - Where are changes in condition documented?

Pause and Reflect

- How does this clinical scenario compare to your experiences to date in treating COVID positive residents?
- What is the same?
- What is different?



Strategies to Prevent Hospitalization

- INTERACT – can help prevent hospitalizations, standardizes approaches
 - Designed for skilled nursing facilities
 - Focuses on early recognition of change in condition
 - Clinical and decision support tools
 - <https://pathway-interact.com/>

- OPTIMISTIC
 - Tools for transfer to and from hospital
 - Symptom management tools
 - [OPTIMISTIC \(optimistic-care.org\)](https://optimistic-care.org)

INTERACT TOOL:

- Prompts for assessment completion.
 - Due to atypical presentation with acute illness in older adult this tool is designed to assist staff to prompt an assessment for subtle changes
-
- Do you use this tool or one like it?
 - What were the benefits or limitations?

Stop and Watch Early Warning Tool



If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change; swollen legs or feet
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

☐ Check here if no change noted while monitoring high risk patient

Patient / Resident

Your Name

Reported to

Date and Time (am/pm)

Nurse Response

Date and Time (am/pm)

Nurse's Name

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Updated June 2018

Hospitalization: Clinical Indications

- Vitals become unstable despite interventions
- Urgent need for diagnostics and therapeutics
- Confirm goals of care are consistent with hospitalization



Best Practices When Transferring to the Hospital

Tips for transferring a resident to the hospital, and pre-transfer checklist. *Completed by nursing home staff prior to transfer to hospital, travels with resident to provide ED staff with essential information*

Decision to transfer a resident to the hospital should be based on:

Clinical considerations

Is the resident clinically stable?

Can we provide the diagnostic tests or treatments needed to care for this resident here?

If COVID-19 is suspected, how will we isolate the resident and do staff have needed PPE?

Goals of care

Any medical orders regarding hospitalization, intubation, code status (such as POST form)?

Have goals been re-addressed in the context of COVID-19?

<https://www.optimistic-care.org/probari/covid-19-resources>

Promising Treatment in Nursing Home: Monoclonal Antibody Therapy

<https://youtu.be/JLLFKDFoHd4>

CORAM

- CVS Specialty Infusion Program
 - Helps with Administration of COVID-19 therapies in long-term care or homes for eligible patients.
 - CORAM Nurses perform all aspects of care during a 2.5 hour appointment, including est. IV Access, administering Bamlanivimab, & monitoring during and after care.
 - CORAM will report to required agencies HHS and FDA
- <https://www.coramhc.com/patients/covid-19-resource-center-patients#covidtherapy>

DPH – January 13, 2021 Guidance

Can get allocation from DPH but In order to receive allocation:

- Establish infusion capacity for individuals with COVID-19 in accordance with the bamlanivimab EUA;
- Implement the DPH Allocation Framework that selects patients from among those meeting eligibility criteria;
- Establish infusion capacity for individuals with COVID-19 in accordance with all applicable state and federal requirements;
- Report data on a weekly basis to DPH as directed.
- <https://www.mass.gov/doc/guidance-for-allocation-of-covid-19-monoclonal-antibody-therapeutics-in-non-hospital-settings/download>

DPH Reporting Requirements

- All sites will be required to report data to DPH on a weekly basis no later than Fridays at 5 PM via the Commonwealth's Health Care Facility Reporting System (HCFRS).

MassHealth Bulletin February 2021: Reimbursement

Code	Allowable Fee	Description of Code	Effective for Dates of Service On or After
Q0239 SL	\$0.00	Injection, bamlanivimab, 700 mg	1/25/2021
M0239	\$309.60	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	1/25/2021
Q0243 SL	\$0.00	Injection, casirivimab and imdevimab, 2400 mg	1/25/2021
M0243	\$309.60	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	1/25/2021

- <https://www.mass.gov/doc/nursing-facility-bulletin-160-coverage-and-payment-for-coronavirus-disease-2019-covid-19-0/download>

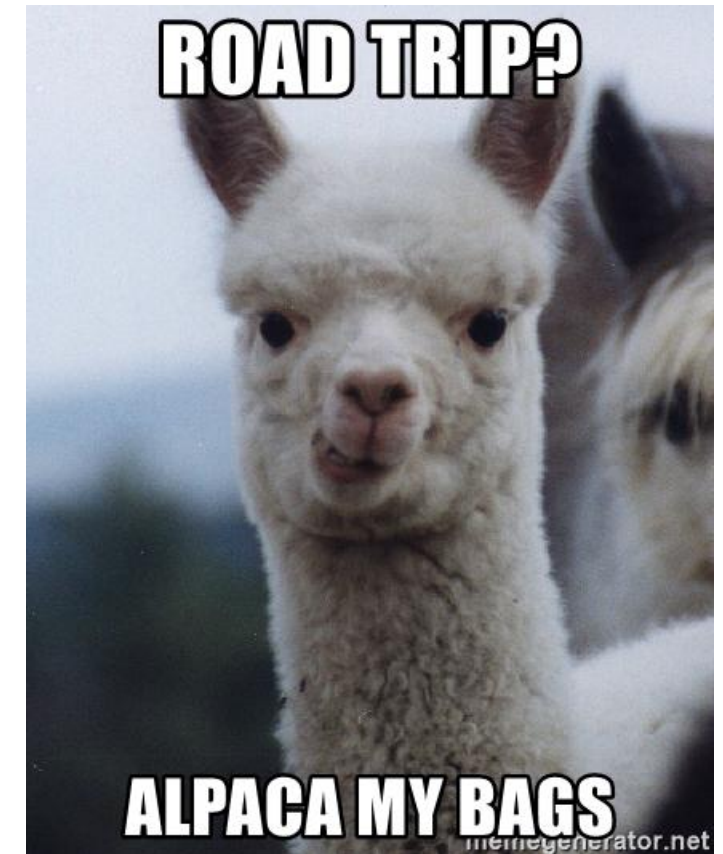
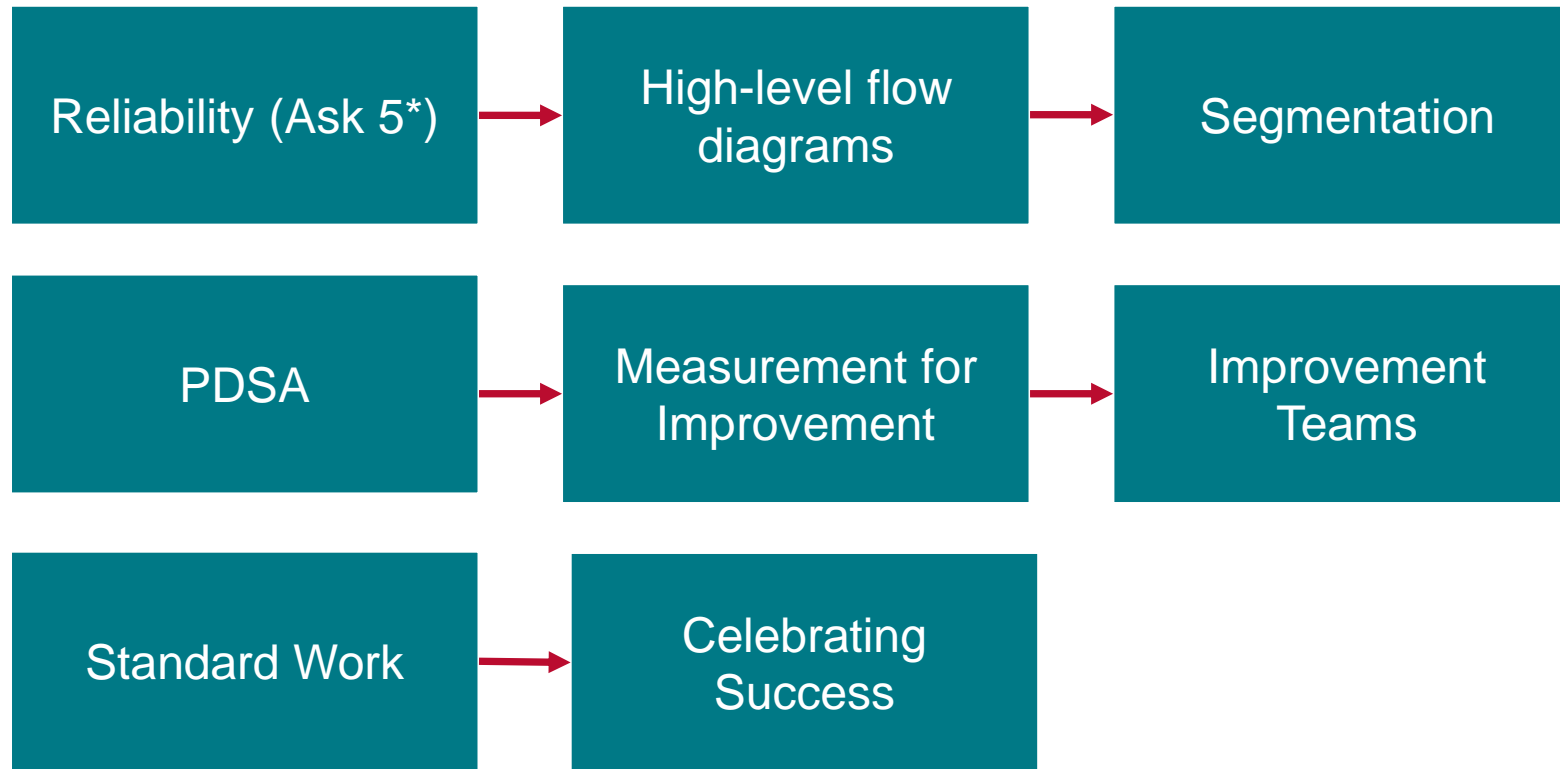
From flow diagram to PDSA

Brian Bjoern

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The QI Journey

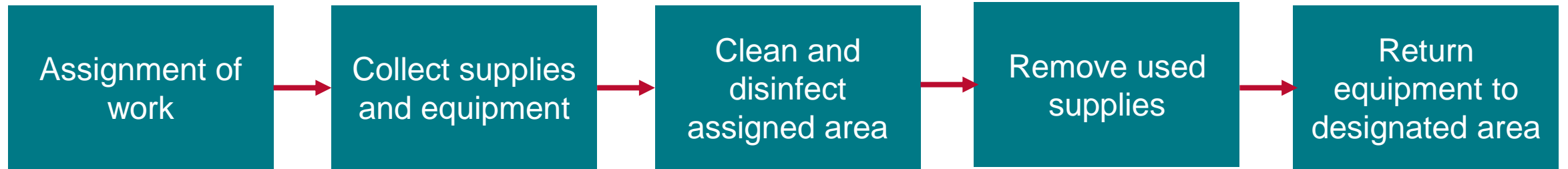


Ask 5: Who, When, Where, How, What

Visualize the process you want to improve

- High-level flow diagram
- Can be completed in 5-10 minutes
- Limit to 3-5 boxes only
- *Include those who know the process*

Example for cleaning and disinfecting

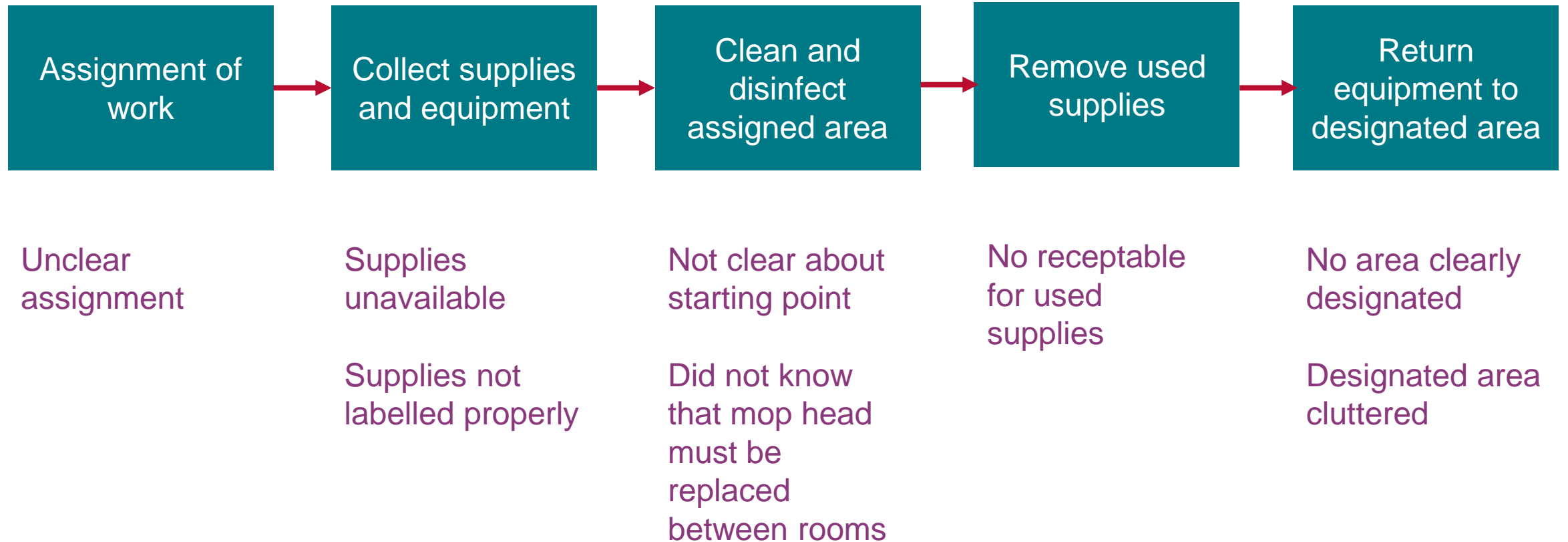


Get curious about the process

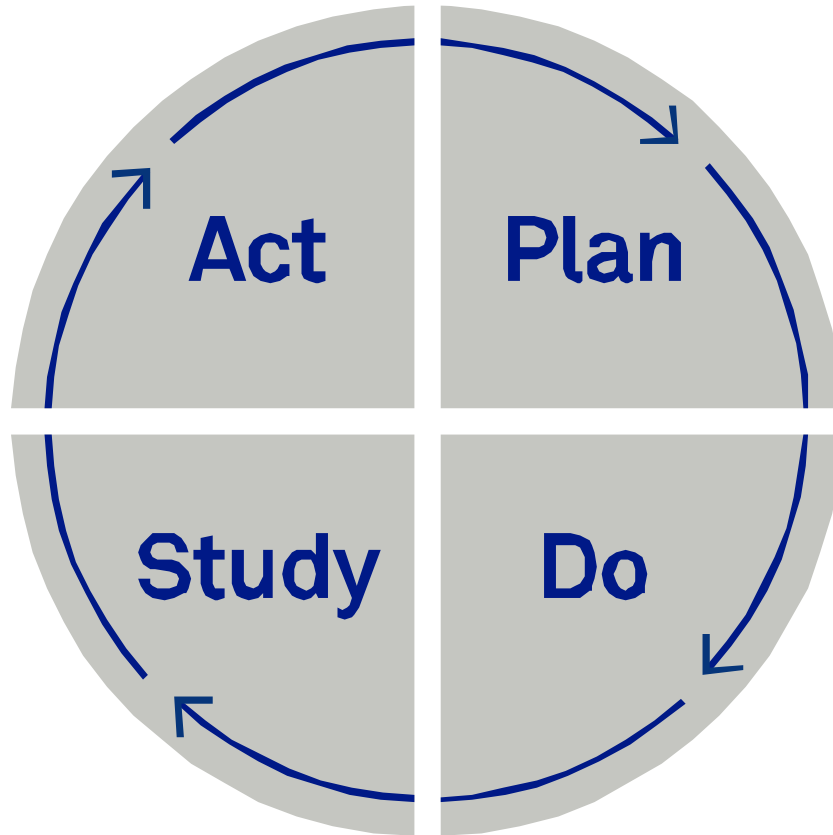
- Ask 5 to understand how reliable the process is:
 - Who, when, where, how, what
- Ask more open-ended questions:
 - Tell me what causes a bad day for you regarding cleaning and disinfecting
 - Tell me about the last time you were unable to clean and disinfect properly
 - Tell me about situations that make cleaning and disinfecting difficult

Don't try to solve the problems at this stage!

Associate problems with a box in the flow diagram



Design a PDSA for “supplies unavailable”



Who will perform the test?

When will they perform the test?

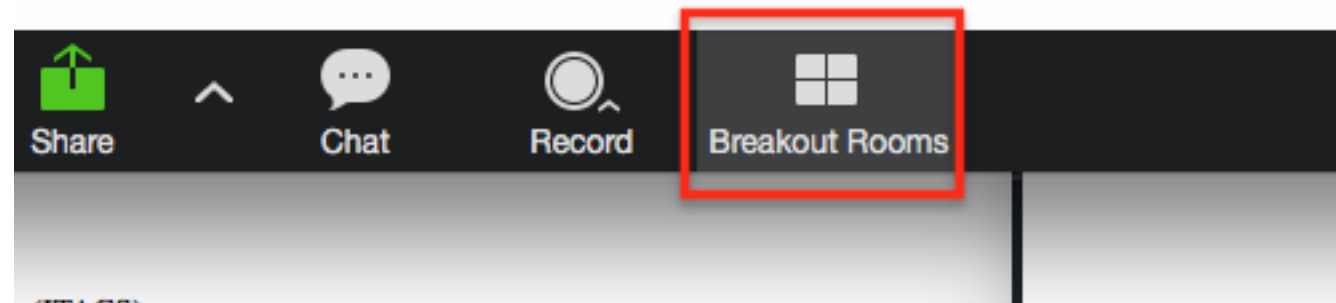
Where will they perform the test?

How will they perform the test?

With what will they perform the test?

Breakout Rooms: Select your topic

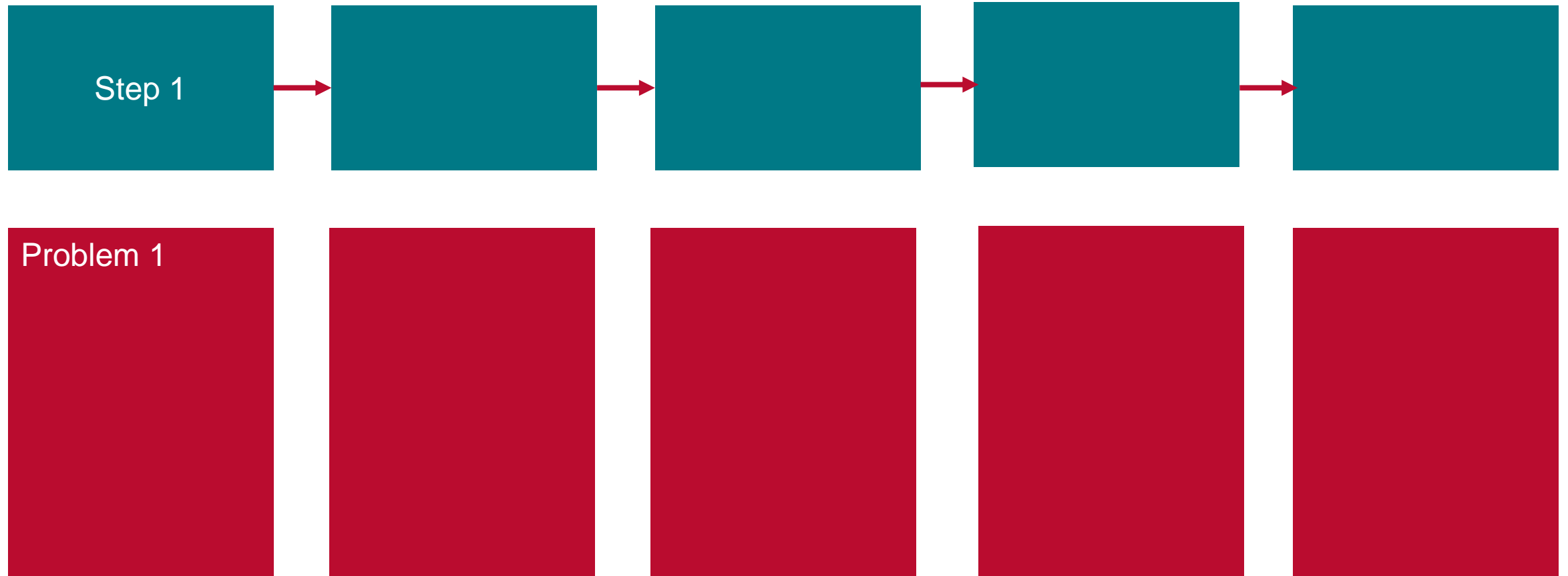
- We have four breakout rooms:
 - Infection control
 - Falls
 - Wounds
 - Weight loss
- Locate the breakout room button at the bottom of your screen:



Breakout room discussion

- Generate a high-level flow chart
- Associate problems with one box
- Generate change ideas that can be tested
- Be ready to share once we return to the main session

Process description, 2-5 words



What to expect next...

Next Session: **February 17, 2021**

Topics:

- Session 12: Promoting Safe Care Transitions during COVID-19

Email best practices/challenges to Marina Renton
(mrenton@maseniorcare.org)

Wrap Up and Poll

- Please watch your screen and respond to our 2 poll questions as they launch

Questions?

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DPH References

- DPH has also provided the following information for nursing facilities interested in providing monoclonal antibody therapy:
- [Bamlanivimab Infusion Checklist](#)
- [Bamlanivimab Resource Request Form](#)
- [Required Data Collection Elements for Patients Receiving COVID-19 Monoclonal Antibodies Therapeutic Infusions, Bamlanivimab, and Casirimab/Imdevimab](#)
- [Department of Public Health: Allocation of Covid-19 Monoclonal Antibody Therapeutics: <https://www.mass.gov/doc/guidance-for-allocation-of-covid-19-monoclonal-antibody-therapeutics-in-non-hospital-settings/download>](https://www.mass.gov/doc/guidance-for-allocation-of-covid-19-monoclonal-antibody-therapeutics-in-non-hospital-settings/download)