Interprofessional Team Management of COVID 19 In Nursing Homes

Cohort 6 Session 11

February 11, 2021

1-2:30 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

HEALTH SCIENCES | Project ECHO

AHRQ Agency for Healthcare Research and Quality

Institute for Healthcare Improvement | Massachusetts Senior Care Association

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Today's Agenda

Follow-up from Session 10 – A Best Practice Sharing Highlight

Interprofessional Team Management of COVID 19 and Monoclonal Antibody Treatment in Nursing Homes

Mild COVID-19 Management Case Study and Break Out

Performance Improvement Discussion – Segmentation

Wrap-up and Poll

Questions & Answers

Warm-up Ice Breaker

What Island Country?

Erika Corbett, RN
Hannah Duston

What Country?

Mark Yurkofsky, MD
Spaulding Brighton

Session 10 Follow Up: Best Practice Sharing

"Many homes are getting deficiencies on the IC surveys for various reasons and some are even just subjective from the surveyors. We have all Department heads complete and audit of 10 staff member from all departments for compliance. They are reviewed daily at wrap up meeting and anyone requiring re-education is corrected on the spot but then follow up with the Staff Developer. So we have 10 Department heads completing 10 observations, making it 100 per day, 500 per week and trust me it has helped. In fact our company took our practice and sent it to all are sister homes."

Catherine Yarrow, Director of Nursing, Care One Peabody

Infection Control Data Collection Tool

Indicator/ Monitor: F880 Infection Control Audits Date:

Quality Standard: Proper infection control procedures

Completed by: Managers

Data Source/ Medical Record Number: Staff observations

1.	3.	5.	7.	9.
2.	4.	6.	8.	10.

Codes: (+) = Met or Yes (o) = Not met or No (N/A) = Not Applicable

Criteria	1	2	3	4	5	6	7	8	9	10	%= # Met	Actions Taken
Staff performed proper handwashing/hand sanitizer cleaning upon exiting the rooms												
Staff are wearing Eye protection appropriately												
Staff are wearing gowns appropriately												
Staff are wearing masks appropriately												
Staff are passing Meal trays appropriately												
Staff are cleaning nurse on-a-stick appropriately												

INFECTION CONTROL PRACTICE REFERRAL

EMPLOYEE: _____
JOB TITLE: _____

Referral Initiated by: _____ **Referred to:** _____

Reason: _____ Observed infection control practice issue
_____ Employee request
_____ Identified knowledge deficit
_____ Follow up to disciplinary action

Specific training requested:
❑ Glove use ❑ Gown use ❑ Mask use ❑ Eye protection use (goggles/ face shield) ❑ Hand hygiene
❑ Cohort zones ❑ Entrance screening process ❑ Fit testing ❑ Transmission based precautions
❑ Equipment cleaning ❑ Terminal room cleaning ❑ Other _____
_____

Specific goal(s) for referral:
☑ At the completion of training the employee will demonstrate correct infection control practices
❑ _____

Facility Educator/Department Head complete this section:
Method of instruction: _____
Date(s) & Time of instruction: _____
Goals for referral: _____have _____ have not been met as evidenced by: _____
_____

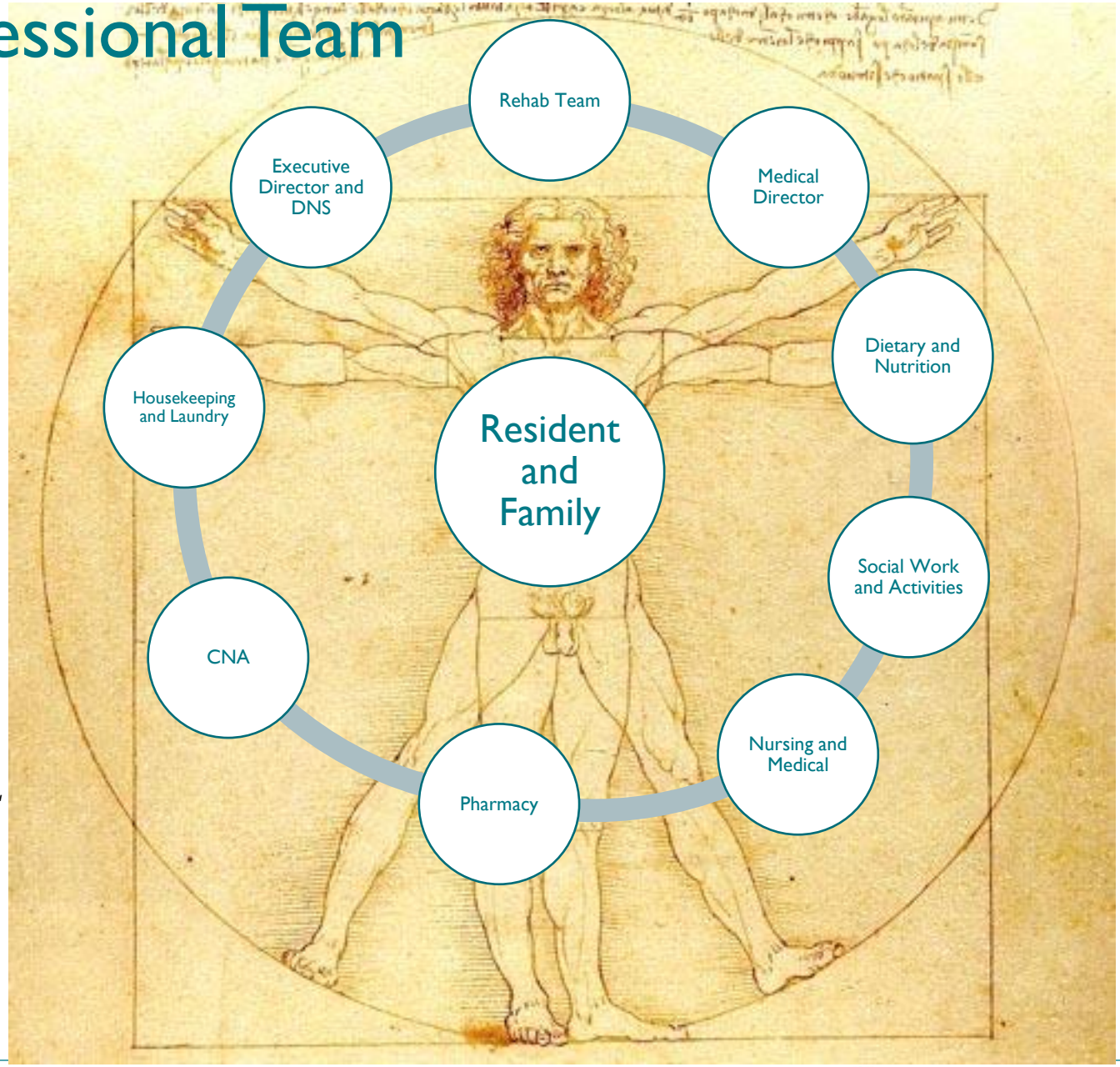
Vaccine Clinic Follow Up

- CVS will provide # 1 vaccination at the 3rd visit
- MSC COVID-19 Vaccine Educational Videos Available in Multiple Languages
- DPH Multiple Languages: https://www.mass.gov/lists/covid-19-vaccine-attestation-form-translations
- Provide information for where to get vaccines https://www.mass.gov/covid-19-vaccine
- Contact your assigned DPH epidemiologist and/or your local hospital partnership for unique resident vaccination questions/needs immediately
- Work with your

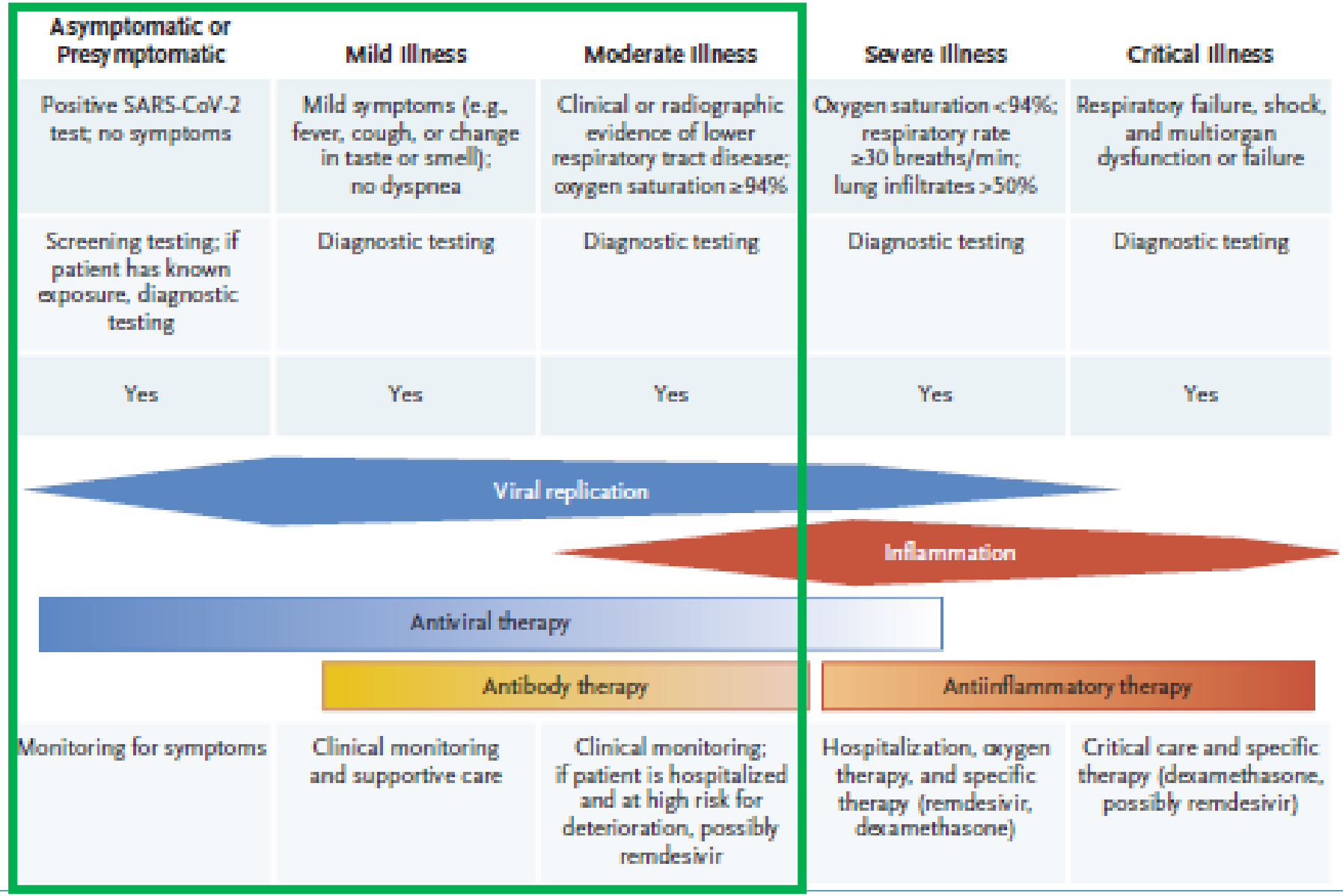
Interprofessional Team Management of COVID 19 In Nursing Homes

The Interprofessional Team

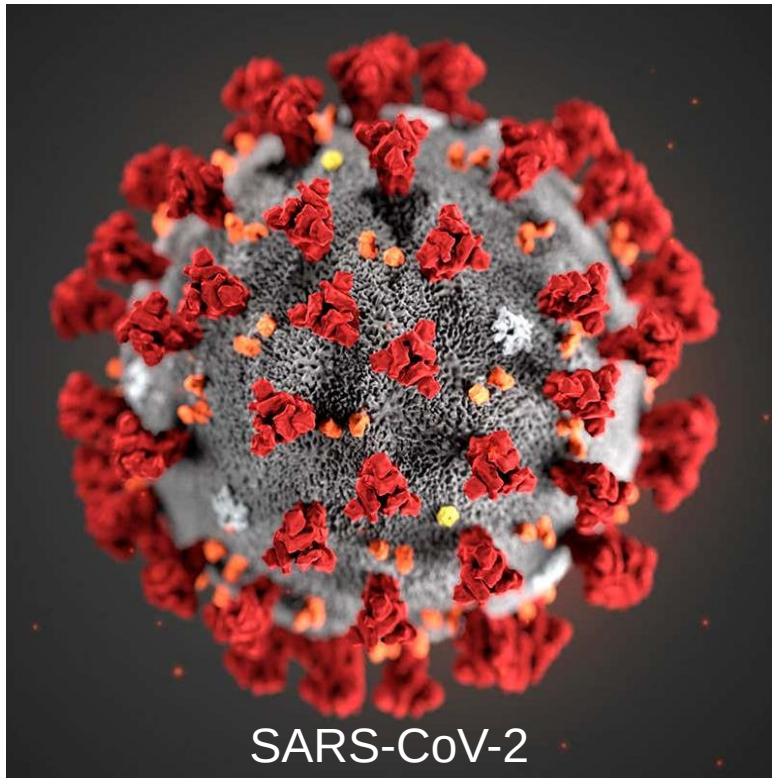
- *MEDICAL/NURSING*
- *MIND/Behavior*
- *MOBILITY/Function*
- *SOCIAL/Community*
- *MATTERS MOST*
- *INFECTION CONTROL (PPE, Cohorting, etc)*
- *COMMUNICATION*

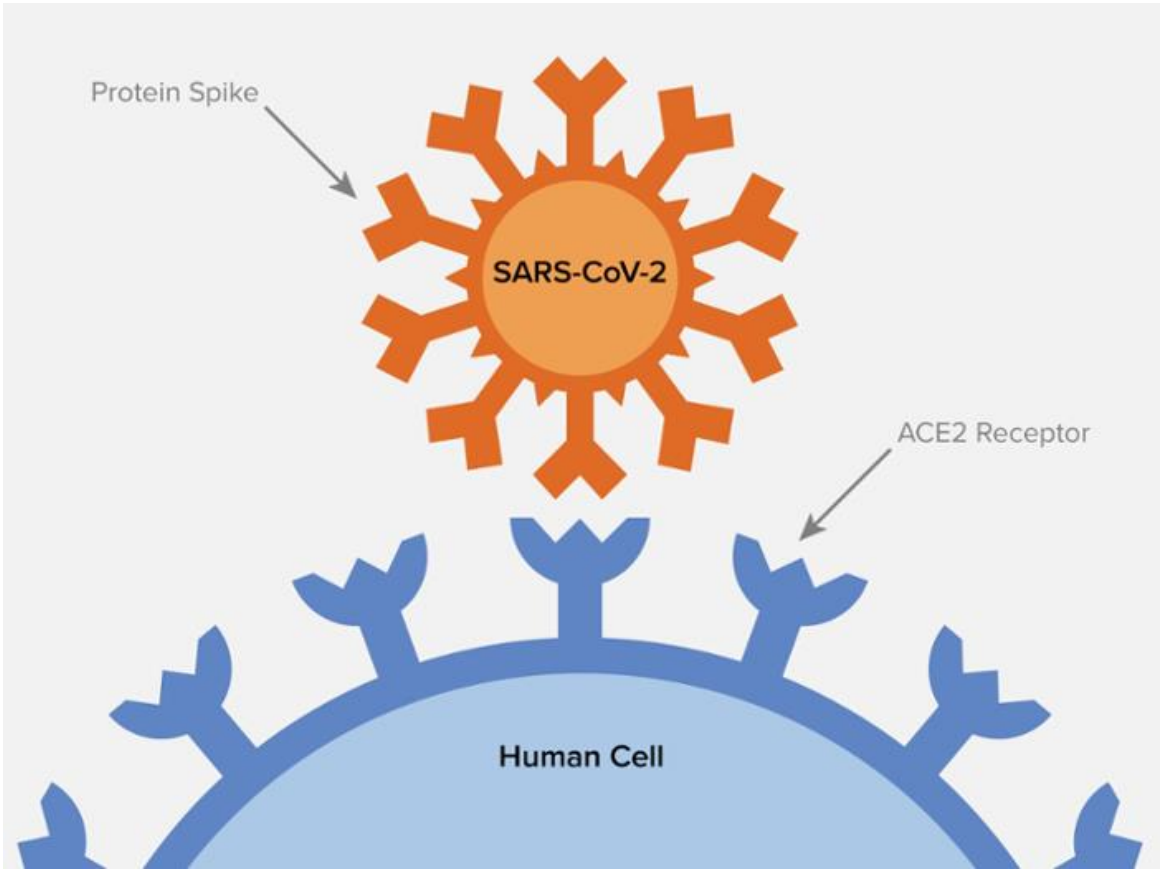


Clinical Spectrum of COVID-19 – Back to the Basics

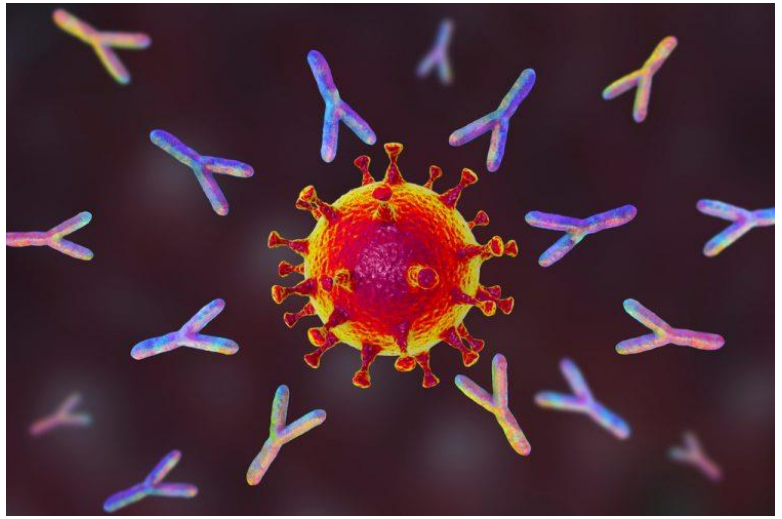


Monoclonal Antibody (MAb) Therapy: A Potentially Promising Medical Treatment in Nursing Homes for Patients With Mild-to-Moderate COVID-19 Infection

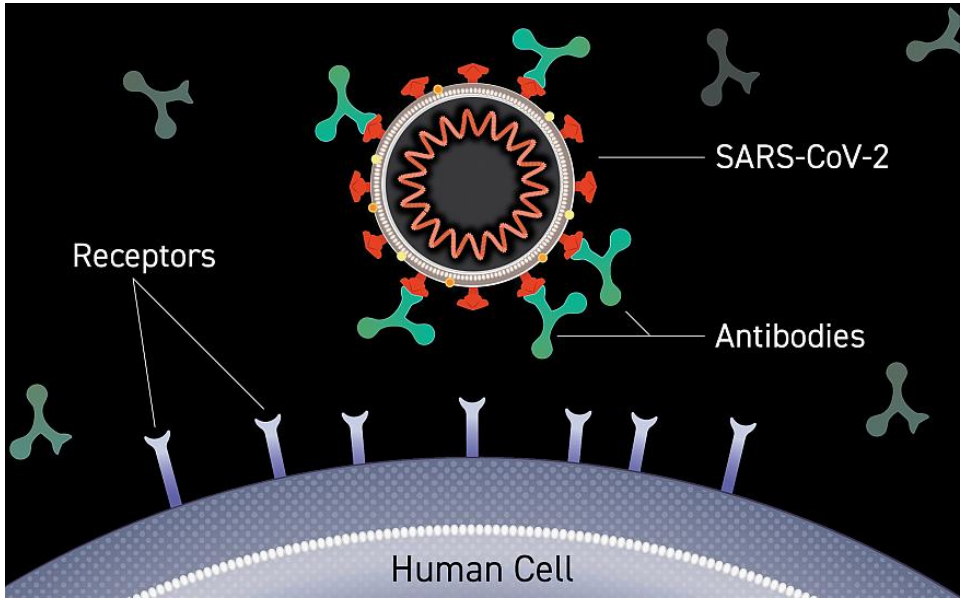




Antibodies = proteins that our immune system make to defend against diseases (infections, cancers autoimmune diseases)



Monoclonal Antibodies = antibody proteins that are ‘manufactured’ to defend against specific diseases



Subject Matter Expert

- Donald Burt, MD
  - CMO Berkshire Healthcare
  - MA DPH COVID 19 Testing Taskforce

https://youtu.be/JLLFKDFoHd4

Why? Does it Work?

- Bamlanivimab (Eli Lilly) – FDA EUA approved medication
  - 1st Study: In Non-Hospitalized adults with mild to moderate symptoms this treatment has shown to decrease likelihood of hospitalizations and ER visits by 3% vs. 10%.
  - 2nd study:
    - More evidence of success from first study
    - prophylactic use to prevent COVID-19 before testing positive- NOT YET APPROVED

- Casirivimab & Imdevimab (Regeneron)
  - Similar results

Who is eligible to receive treatment?

- **Resident MUST test positive for COVID-19 (Binax or PCR) AND**
- **MUST meet all below criteria:**

	Infusion must be administered / scheduled within 10 days of symptom onset. Infusion should be as soon as possible after symptom onset and preferably within the first 3 days.
	Weight at least 88 lbs
	≥ 65 year of age or
	≥ 55 year of age and have cardiovascular disease or hypertension or chronic obstructive pulmonary disease or other chronic respiratory disease
	Symptom onset is required for eligibility for this treatment.
	Prioritize those age ≥ 65 and those age ≥ 18 with BMI ≥ 35. Those at higher risk of progression to severe COVID-19 should also be next prioritized
	Bamlanivimab is NOT authorized for use in patient who are requiring oxygen therapy due to COVID-19 (pulse ox ≤ 93% on room air), or those on chronic oxygen who require an increase in baseline oxygen rate due to COVID-19

When do they receive the treatment?

- Med Must be Available
- Preferably within 3 days of Positive test
- Up to 10 days from Positive test
- Must have Mild-to-Moderate Symptoms
- Consent obtained (speak to FACT SHEET)
- When team available to infuse

How do they receive the treatment?

- IV
  - IV start
  - One hour infusion/One dose
  - Infusion pumps
  - Extension cords/power strips
- Clinic setting
  - Discuss logistics for readiness
  - Monitoring guardrails – VS parameters – baseline and every 30 minutes
  - Operational checklist

Covid Vaccine and Bamlanivimab

- Patients who have been vaccinated against COVID-19 can receive Bamlanivimab.

- However if a patient has been treated with Bamlanivimab, current guidance recommends not vaccinating them against COVID-19 until they are 90 days from their onset of symptoms or date of COVID-19 diagnosis.

Framing considerations for offering this treatment at your nursing home: *Building a New Clinical Capability*

- DPH approval/checklist
- DPH – provision of med
- BHCS policy
- BHCS clinical operational checklist
- Bamlanivimab Infusion Orders
- Bamlanivimab Infusion Flow Sheet
- Fact Sheet for Patients, Caregivers Emergency Use Authorization of Bamlanivimab for COVID-19

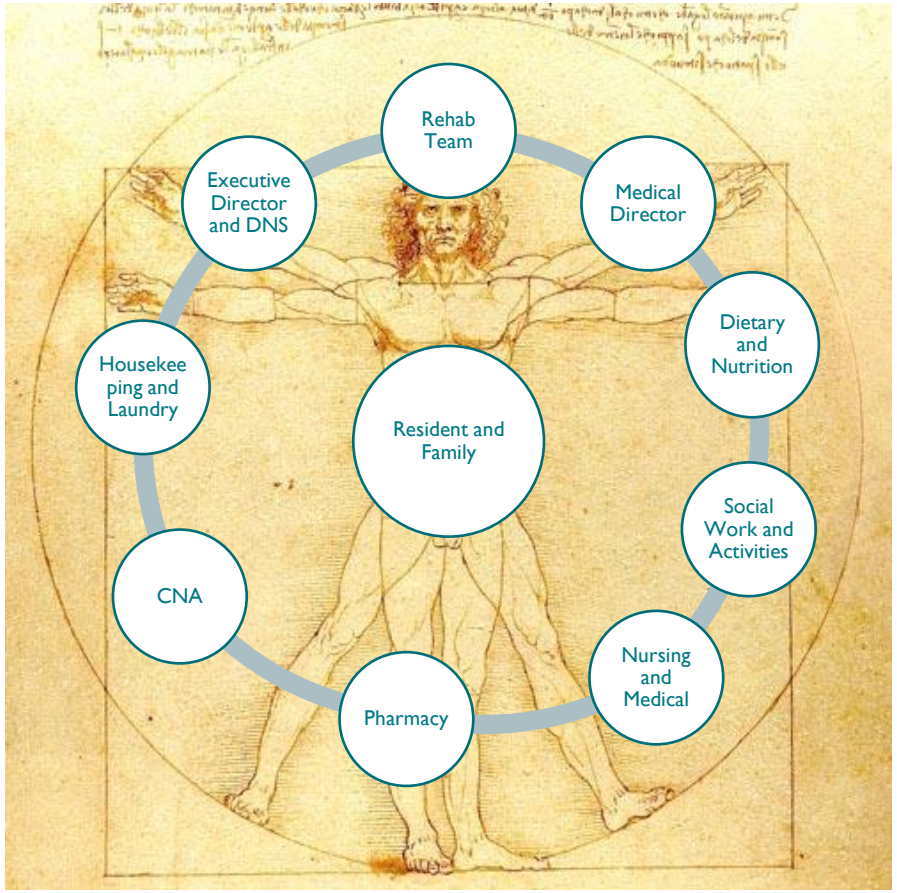
Team!

https://youtu.be/JLLFKDFoHd4

Case Discussion: Mr. Anthony Delgado

- 86 year-old long stay male resident with COPD, HTN, Afib, Diabetes and Dementia tests COVID positive on Feb 1st during outbreak testing. . .

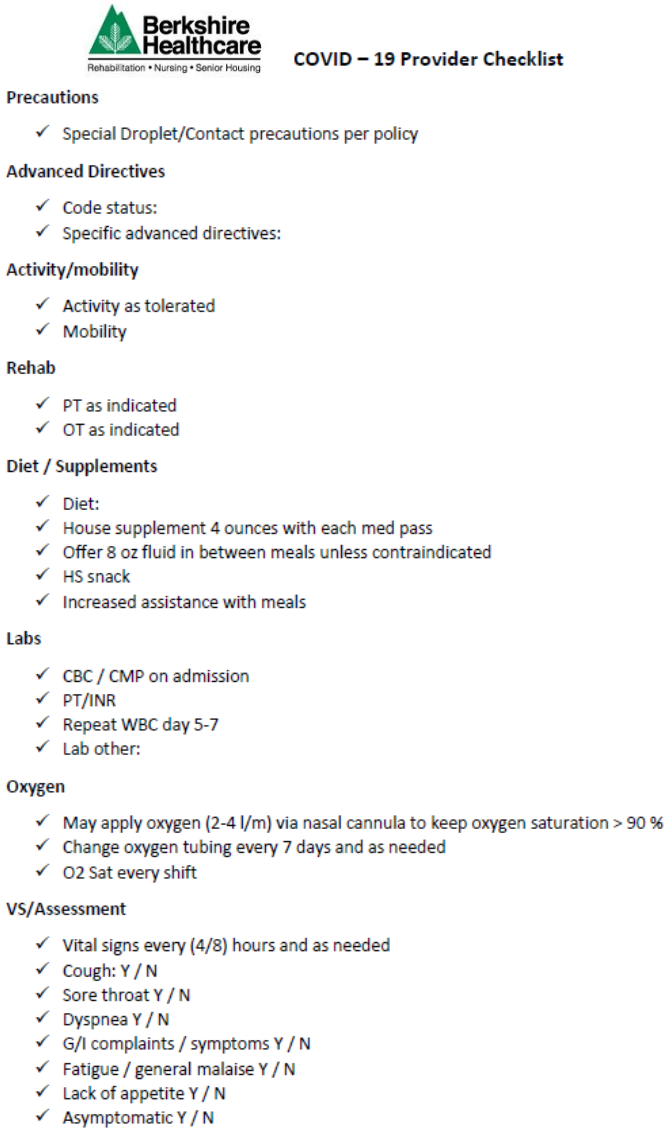
- *MEDICAL/NURSING*
- *MIND/Behavior*
- *MOBILITY/Function*
- *SOCIAL/Community*
- *MATTERS MOST*
- *INFECTION CONTROL (PPE, Cohorting, etc)*
- *COMMUNICATION*



Breakout Session: Interprofessional Team Management of Mr. Delgado

- Case is reviewed during morning meeting and plan includes:
  - Confirm GOC: no rehospitalization but wants all treatment available in the nursing home
  - 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 & encourage fluids
  - Update MD/NP
  - Update family

- **For Breakout Session Discussion:**
  - Which members of the interprofessional team are responsible for each of these care plan activities?
  - Where and how are changes in condition documented?
  - How do you ensure the interprofessional team functions in a coordinated manner?
  - What else could be part of the care plan?



Berkshire Healthcare
Rehabilitation • Nursing • Senior Housing

COVID – 19 Provider Checklist

Precautions
- ✓ Special Droplet/Contact precautions per policy

Advanced Directives
- ✓ Code status:
- ✓ Specific advanced directives:

Activity/mobility
- ✓ Activity as tolerated
- ✓ Mobility

Rehab
- ✓ PT as indicated
- ✓ OT as indicated

Diet / Supplements
- ✓ Diet:
- ✓ House supplement 4 ounces with each med pass
- ✓ Offer 8 oz fluid in between meals unless contraindicated
- ✓ HS snack
- ✓ Increased assistance with meals

Labs
- ✓ CBC / CMP on admission
- ✓ PT/INR
- ✓ Repeat WBC day 5-7
- ✓ Lab other:

Oxygen
- ✓ May apply oxygen (2-4 l/m) via nasal cannula to keep oxygen saturation > 90 %
- ✓ Change oxygen tubing every 7 days and as needed
- ✓ O2 Sat every shift

VS/Assessment
- ✓ Vital signs every (4/8) hours and as needed
- ✓ Cough: Y / N
- ✓ Sore throat Y / N
- ✓ Dyspnea Y / N
- ✓ G/I complaints / symptoms Y / N
- ✓ Fatigue / general malaise Y / N
- ✓ Lack of appetite Y / N
- ✓ Asymptomatic Y / N

Treating Mr. Anthony Delgado in the Nursing Home

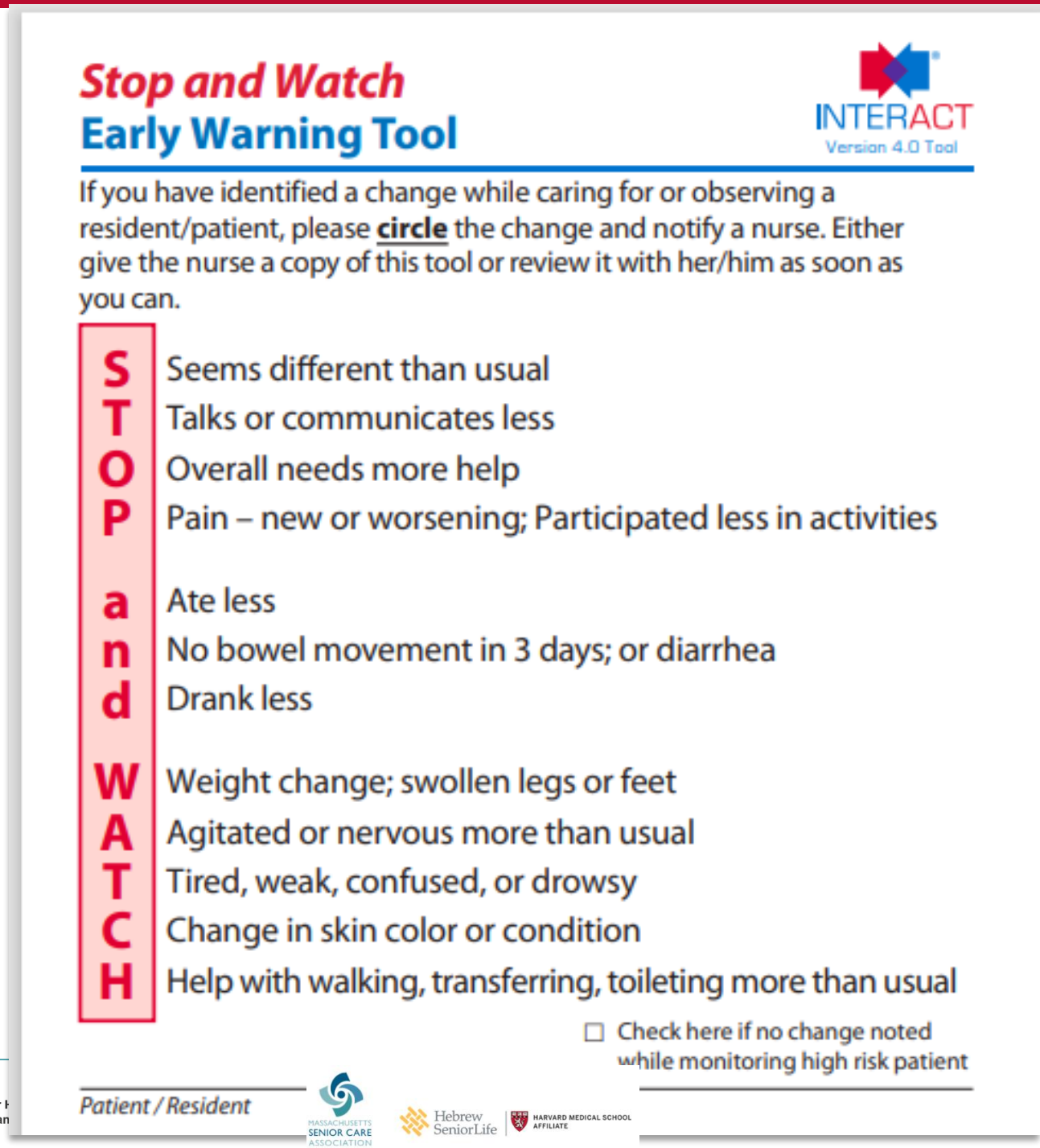
- If clinical deterioration occurs:
  - Review goals of care and advance directives with resident and family
  - Consider supportive care in nursing home
  - Consider transfer to hospital
- Mr. Delgado is evaluated by his medical team and the following orders were written:
  - Continue monitoring vital 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

Strategies to Prevent Hospitalization

- INTERACT
  - 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)

INTERACT TOOL EXAMPLE

- Who could use this tool?
- What steps would you take to implement this tool in your facility?



Stop and Watch
Early Warning Tool

INTERACT
Version 4.0 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

Hospitalization: Clinical Indications

- Vitals are unstable despite interventions, E.g. hypoxia
- Urgent need for diagnostics and therapeutics (e.g. remdesivir)
- Confirm goals of care are consistent with hospitalization (e.g. code status, intubation, hospital transfer)

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

QI Presentation

Nizar Wehbi, MD, MPH, MBA

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Segmentation–or how to eat the elephant one bite at a time

- Segmentation–trying out your test of change under the most favorable conditions
- Early, easy wins help build momentum–celebrate them!
- Allows you to learn and build confidence in the change before testing in difficult areas
- Different segments will yield different results = accelerated learning

Segmentation examples

- Day shift vs. weekend or night shift
- Staff eager to try something new vs. the more reluctant
- Better staffed unit vs. unit with staffing shortage
- Vaccination Clinics
  - Residents
  - Staff

Leave in action

- Which segment do you choose for your first tests?

Next week

- Our first small test of change
- How to implement Change?

What to expect next…

Next Session: **February 18, 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?

PPE Refresher

Your staff is providing direct care to a newly admitted patient from the hospital requiring short-term post-acute care (e.g. “quarantined”).

Which of the following is the <u>most</u> correct use of PPE for this situation?

A

B

C

D

Testing Refresher

Your facility has received a referral from a referring hospital for a 84 yo frail female patient requiring short term rehab following a hip fracture repair. She's done well post-op without any complications. It is post-op day 4. She tested positive for COVID about 2 months ago. She is not immunocompromised.

Which of the following requests of the referring hospital does NOT make sense?

A. Request for the specific date of the patient's initial positive COVID test
B. Request for copies of any HCP, MOLST and Serious Illness documentation
C. Request that a repeat COVID Test (PCR or BINAX) be done 48 hrs prior to hospital discharge
D. Request about her COVID vaccination history.

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

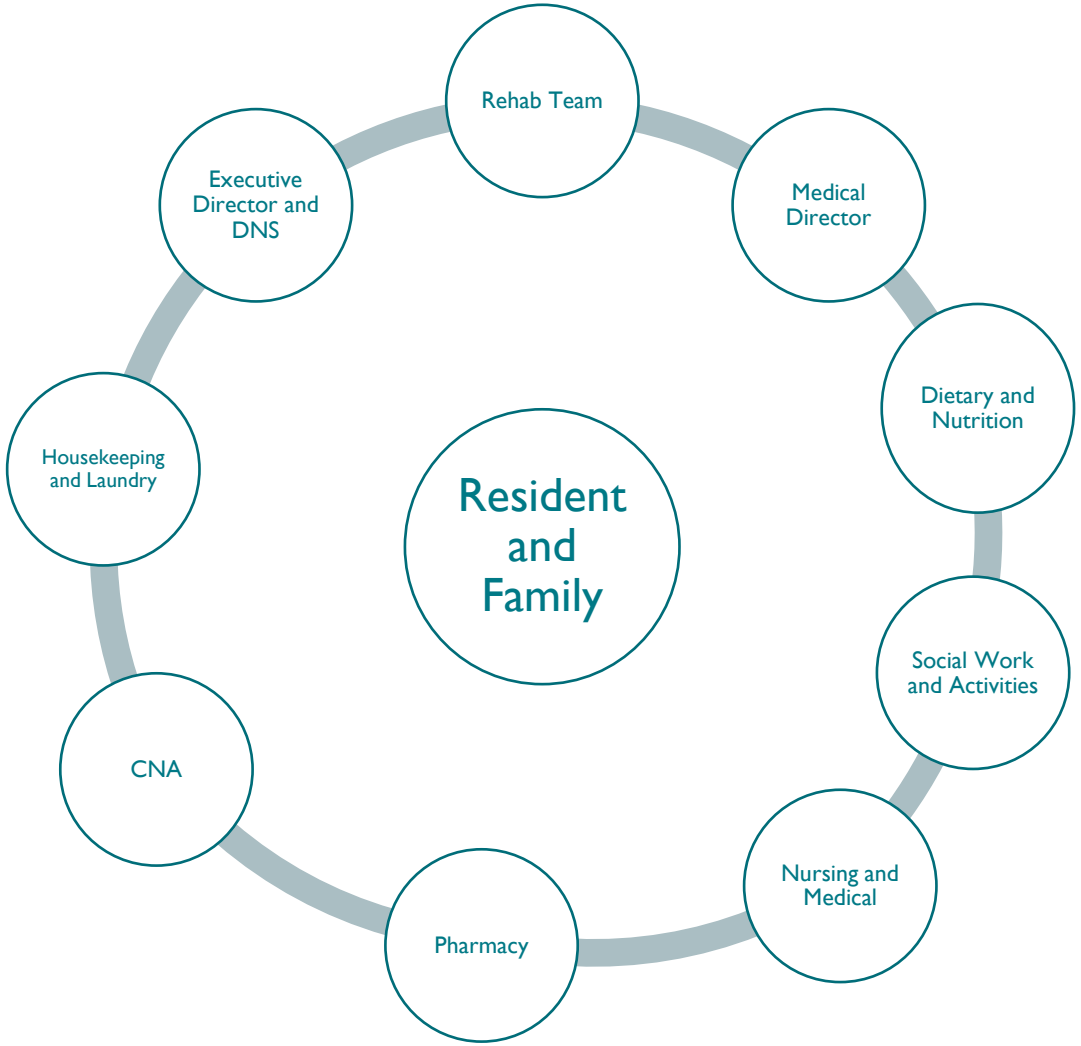
- All sites will be required to report data to DPH on a weekly basis no later than Fridays at 5 PM via the Commonwealth's Health Care Facility Reporting System (HCFRS).

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

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 - _____