COVID-19 in Skilled Nursing & Long Term Care Facilities

In collaboration with SHARE NETWORK
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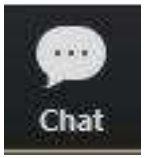
- Use the “chat” feature to ask questions 

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COVID-19 in Skilled Nursing & Long Term Care Facilities

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COVID19 in the Nursing Home:
Admitting and Isolation

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Objectives

- Review the COVID-19 testing landscape and pitfalls
- Explore the nuances of accepting COVID-19 positive patients into the nursing home.
- Discuss the limits of symptom-based screening in a nursing home setting
- Discuss methods of patient isolation in the SNF
- Define line listing as a public health and clinical tool.
- Explore guidelines for communicating with public health department

Disclosures

- I have no disclosures to report.

COVID-19 Testing Landscape and Pitfalls

Testing Landscape

PRIORITIES FOR COVID-19 TESTING

(Nucleic Acid or Antigen)

High Priority

- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with** symptoms
- Persons identified through public health cluster and selected contact investigations

Priority

- Persons **with** symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
- Persons **without** symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

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https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

Testing Landscape

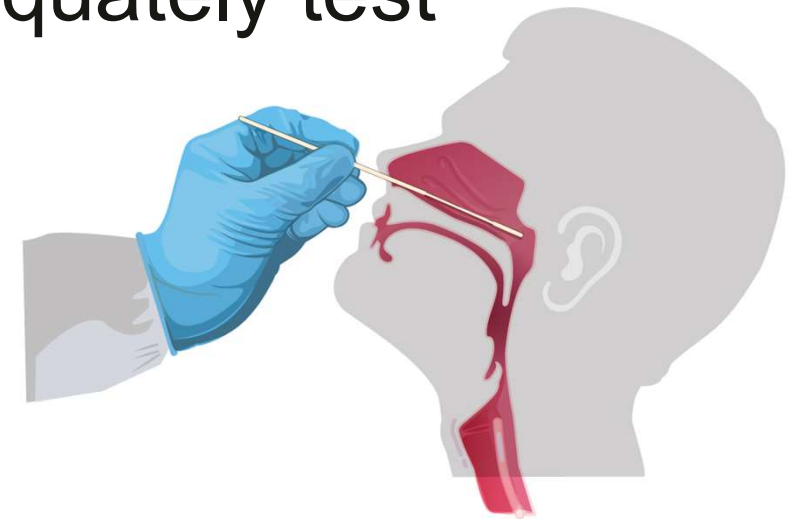
- Laboratory access
- Testing supplies access
- Test result turn-around time

Testing Pitfalls

- Molecular diagnostic assays, such as PCR, are used to detect COVID19
- Sensitivity and specificity of current tests is developing but unclear
- False negative rate may be associated with time between symptom onset and date of test

Testing Pitfalls

- Test results depend on optimal specimen collection (NP swab)
- Staffing needed to adequately test (2 people minimum)



Accepting COVID-19+ Patients

Accepting COVID-19+ patients

The New York Times

The disease caused by the virus has killed more than 10,500 residents and staff members at nursing homes and long-term care facilities nationwide, according to a New York Times analysis. That is nearly a quarter of deaths in the United States from the pandemic. On Saturday, Gov. Andrew M. Cuomo of New York described nursing homes as a "feeding frenzy for this virus."

At the epicenter of the outbreak, New York issued a strict new rule last month: Nursing homes must readmit residents sent to hospitals with the coronavirus and accept new patients as long as they are deemed "medically stable." California and New Jersey have also said that nursing homes should take in such patients.

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https://www.nytimes.com/2020/04/24/us/nursing-homes-coronavirus.html

Accepting COVID19+ patients

Los Angeles Times

Dr. Michael Wasserman, a geriatrician for more than 30 years and president of the California Assn. of Long Term Care Medicine, has been lobbying California regulators not to force homes to take in people unless they are proven virus-free. Doing otherwise, he said, is "akin to premeditated murder."

https://www.latimes.com/california/story/2020-04-01/california-orders-skilled-nursing-facilities-to-accept-coronavirus-patients

Accepting COVID19+ patients

- COVID19 naïve facilities
- COVID19 exposed facilities

Accepting COVID19+ patients

- Considerations:
  - Increased patient care requirements
  - Nursing capacity
  - Decreased staffing ratios (illness, quarantine)
  - Facility resources/availability (O2 tanks, IVF, PPE)
  - Presence of physicians/APPs

Accepting COVID19+ patients – current guidelines

COVID-19 IDPH Interim Guidance: Accepting Transfers from Acute Care Settings to LTCF (*4/15/2020 Subject to change*)

Criteria for accepting transfers from acute care settings to LTCF:	Medically stable	Patient Monitoring Every 8 hours: ✓ full vital signs ✓ pulse oximetry	Transmission-based Precautions	Qualifier	Afebrile for 72 hours without fever reducing meds	Qualifier	Improving respiratory symptoms	COVID-19 Test	Patient Placement: Single room is ideal. Cohort like- illnesses.	
*NOTE: Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge. Testing may be helpful but is **not required** prior to being discharged from acute care settings.*									Dedicated wing or hall	Other part of building w/o COVID-19 cases
New and returning patients/residents with **no** infectious clinical concern. The patient/resident was **NOT** hospitalized due to COVID-19 investigation (e.g., may be for other conditions, i.e. surgical and needs rehab services).	X	X	TBP are NOT required. Facility may decide to quarantine these residents (isolate to their room--not TBP) for 14 days to protect the new admit (if positive cases are in the building) or to protect other patients from the new admit (who has been outside the facility). This is a facility-based decision. **NOTE: this is a quarantine, not TBP.**	-	NA	-	NA	Not required to be admitted		X
New and returning residents who were suspected to have COVID-19 (symptomatic) but tested **NEGATIVE**	X	X	**Continue TBP** for 7 days from the date the test was obtained	**AND**	X	**AND**	X	-	X	
New or returning residents who were investigated for COVID-19 and tested **POSITIVE FOR COVID-19 and are still on TBP at time of discharge.**			**Continue TBP** if patient was still in TBP at hospital **until test-based *OR* non test-based criteria are met (both are not required)**							
Test-based	X	X	**Continue TBP** until 2 negative test results obtained					2 negative tests taken 24 hours apart	X	
Non-test based	X	X	**Continue TBP** for 7 days from first day symptoms appeared **OR** date COVID-19 test obtained	**AND**	X	**AND**	X		X	
New or returning resident was investigated for COVID-19 and tested positive **AND TBP were discontinued** at the hospital	X	X	If TBP were discontinued at hospital and patient is not exhibiting any symptoms. TBP are NO longer required.						X	

https://dph.illinois.gov/sites/default/files/COVID19/Criteria%20for%20Transfers%20Acute%20Care%20to%20LTC%2004162020%20KTJK.pdf

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Accepting COVID19+ patients – current guidelines

COVID-19 IDPH Interim Guidance: Accepting Transfers from Acute Care Settings to LTCF (*4/15/2020 Subject to change*)

New or returning resident was investigated for COVID-19 and tested positive **AND TBP were discontinued** at the hospital **but patient is still coughing**	X	X	If TBP were discontinued at hospital, but the patient is still coughing, the patient must wear a mask during all patient care activities **until cough resolves or 14 days have passed since readmission to the facility whichever time is longer.**	**AND**	X	**AND**	X		X	
New or returning residents **suspected to have COVID-19.**			**Continue TBP until either test-based or non-test-based criteria for discontinuing TBP are met** (both are not required)						X	
Test-based	X	X	**Continue TBP** until 1 negative test result is obtained. If COVID-19 was highly suspected, continue TBP until 2 negative test results are obtained					At least 1 negative test	X	
Non test-based	X	X	**Continue TBP** for 7 days from first day symptoms appeared **OR** date COVID-19 test obtained	**AND**	X	**AND**	X		X	
New or returning residents who were investigated for COVID-19 but **test result not available at time of admission or readmission**	X	X	**Continue TBP** until test results become available	**AND**	X	**AND**	X		X	
If test result is **negative**			**Continue TBP** for 7 days from the date the test was obtained	**AND**	X	**AND**	X		X	
If test result is **positive**			**Continue TBP until test-based *OR* non-test-based criteria are met (both are not required)**							
Test-based			**Continue TBP** until **2 negative test results** obtained					2 negative tests, taken 24 hours apart	X	
Non-test based			**Continue TBP** for 7 days from first day symptoms appeared **OR** date COVID-19 test obtained	**AND**	X	**AND**	X		X	

https://dph.illinois.gov/sites/default/files/COVID19/Criteria%20for%20Transfers%20Acute%20Care%20to%20LTC%2004162020%20KTJK.pdf

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Limits of Symptom Based Screening in a Nursing Home

Symptom-based screening

- Per IDPH guidelines, all residents should be screened with vital signs including temperature, heart rate, respirations AND pulse oximetry every 8 hours (q8 hours).
  COVID+ patients should get vitals checked q4 hours.
- Clinical supervisor should be contacted for new-onset fever (>100.0), SOB, cough, sore throat or for any decrease in pulse oximetry from resident baseline level or any pulse oximetry reading < 92%.

https://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance

Updates to COVID-19 Symptoms

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Limits of Symptom Based Screening

- Confounding variables:
  - Cognitive impairment
  - Hx of CVA/Aphasia
  - Reliability of equipment (pulse oximetry)
  - Definition of fever
  - Asking the right questions

Asymptomatic/presymptomatic COVID+

- Symptom based screening leaves out a whole cohort of patients who either may not be able to report symptoms, are presymptomatic, or are truly asymptomatic.

Methods of Patient Isolation

Methods of isolation

- Cohorting by wing
- Cohorting by floor
- Cohorting by test result
- Cohorting by PUI
- Cohorting by room
- Cohorting by true negative “pure as the driven snow”

Pitfalls of isolation

- Isolating patients takes time and staffing
- Factors that need consideration:
  - Transport/containing personal belongings
  - Room sterilization
- Patient disorientation

Line Listing

Line listing

- Line listing is a method to categorize and standardize investigations of outbreaks of unexplained respiratory illness.
- Upon notification of a potential cluster or outbreak, a line list can be used to collect and organize preliminary information on cases.

https://www.cdc.gov/urdo/downloads/linelisttemplate.pdf

Line Listing

Line List Template

Reporting County or State: _____ Date of Initial Report: _____

CaseID*	Case Initials	Age	Sex	Onset date	Current Status	Location	Case Category	Epi Links	Underlying Conditions

*Page 4 contains a description of the column headings

https://www.cdc.gov/urdo/downloads/linelisttemplate.pdf

Line Listing

Line List Template

Reporting County or State: _____ Date of Initial Report: _____

CaseID	Chest x-ray	Specimens collected	Testing requested	Results

https://www.cdc.gov/urdo/downloads/linelisttemplate.pdf

Communicating with the Public Health Department

Communicating with IDPH

- Healthcare providers and laboratories are required by the Control of Communicable Disease code to report COVID-19 cases and outbreaks to the local health department.
- Clusters of 2 or more suspect cases of COVID-19 among residents of congregate settings that serve vulnerable populations should be reported to the local health department as soon as possible but within 24 hours.
- When COVID-19 is suspected to be or known (laboratory-confirmed case) to be the cause of death in an individual, this should be reported to the local health department

https://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance

Questions?