Lessons from the Field

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Age-Friendly Healthcare in a COVID-19 World

Disclosures

Dr. O’Neil has no commercial relationships to disclose.
And so it begins...

- 52-bed assisted living facility providing dementia care in Henderson County, NC
- Staff person tested positive on March 29\textsuperscript{th}. Stopped working on March 27\textsuperscript{th} and quarantined at home.
- All staff and residents tested on April 2. 25 positive.
- Tremendous collaboration from onsite physicians, Henderson County Health Department, Emergency Management Services, Pardee Hospital, Advent Health, and Infectious Diseases consultant.
- 10 residents expired—8 had been on hospice.
- 42 residents recovered.

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Challenges

- Access to onsite healthcare providers
  - Impact of COVID-19 on access to facilities
  - Telemedicine
- Clinical competencies of staff
  - Recognition of changes in condition
  - Helping residents cope with social isolation and loneliness
  - Addressing behavioral and psychological symptoms of dementia
  - Infection prevention and control in dementia units
- Environmental factors
  - Building design and cohorting
  - Environmental disinfection

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Challenges

- Testing
  - Access
  - Turnaround time

- Personal protective equipment
  - Availability of masks, gloves, gowns, eye shields
  - Proper use of N95 masks and OSHA requirement for a written respiratory protection program

Before the Outbreak

- Mandatory staff immunization policy
- Pandemic Flu Plan
- Interim COVID-19 Plan
- Identify staff for key roles (education/training, monitor public health advisories, communication with residents and families, contact person for Health Dept)
- Staff sick leave policy
Before the Outbreak

▶ Review policies for and proper use of PPE with Staff
▶ Review proper cleaning of equipment between residents
▶ Develop a standard vital sheet form to be used in event of outbreak that includes: temperature, oxygen saturation, rate of oxygen/liter, heart rate, respiratory rate and blood pressure
▶ Identify an area in the facility where COVID-positive residents can be cohorted
▶ Ensure the advance care directives have been updated and documented. Note if MOST (medical orders for scope of treatment) or POLST (physician orders for life-sustaining treatment) have been executed.
▶ Identify the providers/services that are willing to come to the facility in the event of an outbreak, such as:
  ▶ Healthcare providers with patients in the facility (MD, NP, PA)
  ▶ Community partners (Home Health, Hospice, Palliative Care)
  ▶ Lab and X-ray services
  ▶ Contact Pharmacy to obtain needed medications
  ▶ Contact the Durable Medical Equipment Company for supplies that will be needed

The Outbreak

▶ Isolation/quarantine as recommended by the Health Department and CDC
▶ Create a census list of patients organized by room with a clear system of noting:
  ▶ Which residents have been tested for COVID-19
  ▶ Date of onset of symptoms (fevers, low oxygen levels)
  ▶ General plan of care after discussing with patient and family (send out vs. stay in facility). Consider use of a wrist band system to identify those residents who wish to remain in place versus being transferred to the hospital.
Outbreak TEAM

At the beginning of each shift, have a team meeting and clearly assign Staff Responsibilities to include:

- Order Entry
- Personal Care of Patients
- MedPass
- Vital Checks
- Communication with Providers and Families
- Maintain PPE supply
- Housekeeping
- Telehealth Coordinator for provider (if able)
- Other as needed

Standing Orders

- Create STANDING ORDERS to check vital signs at least once a shift. Use a template to record and keep in a central location so that vital signs can be compared over time. Vital signs should include:
  - Temperature
  - Heart rate
  - Blood pressure for those who are COVID-19 positive or presumed positive
  - Respiratory rate
  - Oxygen Saturation

- Create standing orders for ALL residents:
  - Notify healthcare provider for oxygen saturation < 90% or temp > 100.0
  - Initiate Oxygen by nasal cannula at 2L if saturation < 90%, notify provider if saturation fall less than 90% on 2L
  - For those on oxygen or with cough: begin albuterol metered-dose inhaler with spacer three times daily scheduled for seven days and q2h prn cough or shortness of breath; Robitussin DM 20ml by mouth three times daily for seven days
  - For those with muscles aches and/or temp >100.0: Initiate Tylenol 500 mg three times daily and every four hours as needed for seven days (No more than 3000 mg per day)
Goals of Care

- Review all GOALS of care with residents and their families:
  - POLST or MOST forms
  - Do not resuscitate/intubate wishes
  - Who is on site to care for your loved one?
  - What medications are on site to offer supportive/comfort-level care?
  - Review list of allergies for all residents
  - What is your protocol for isolating residents who are sick from other residents?
  - Discuss when family will hear from staff regarding decreased oxygen saturation, fever, etc.
  - Discuss at what point the resident be sent out (i.e. increased oxygen demand despite oxygen supplementation)
  - Discuss how your facility will conduct regular communication in future: daily phone call updates, video chat, email, etc. Designated times to expect regular calls.
  - Can families visit outside (with windows closed) or leave supplies for residents.

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Referrals

- Consider and make referrals:
  - Home Health Team: Residents with COVID-19 with new oxygen requirements or new medications
  - Palliative Care team: Residents struggling with advance care planning; COVID-19 positive with pre-existing serious medical conditions; those without designated healthcare power of attorney; residents with symptoms of COVID-19 not controlled by standing orders
  - Hospice: Residents who wish to stay in place/do not hospitalize especially if new oxygen demand or with pre-existing serious medical conditions and high risk of decline.

- Contact the Director of the Case Management at the Hospital
  - Discuss plans to mitigate risk of hospitalizations
  - Discuss having a direct contact with a physician or triage nurse in the Emergency Medicine department to discuss cases prior to initiating a transfer.
Medications

- Mucinex tabs
- Robitussin DM liquid
- Tylenol 500mg tabs,
- Liquid tylenol and Tylenol suppositories
- Lasix 20mg tabs
- Albuterol inhalers and spacers
- Imodium
- Antibiotics for secondary lung infections (e.g., doxycycline and levofloxacin)
- Rivaroxaban 10 mg for DVT prophylaxis
- Antibiotics for UTI (e.g., cefdinir and ciprofloxacin)
- OxyIR 5mg (cough and pain)
- Morphine elixir 20mg/ml (respiratory distress, pain)
- Ativan 1mg tabs (nausea, anxiety, respiratory distress)
- Levsin 0.125mg tabs or Atropine drops (secretions)
- D5 ½ Normal Saline
- Dexamethasone for respiratory issues

Medical Supplies

- Medical Supplies to have in the facility:
  - Two of each of the following, either for each hall or each staff member who is checking vitals, to help facilitate timely vital sign assessments:
    - Handheld pulse oximeter
    - Temporal thermometer
    - Blood pressure cuff
    - Sanitation supplies for equipment
    - Oxygen compressors and tubing (compressors preferred over tanks as tanks will only last about 4hrs each running at 2L)
  - Lab supplies
  - IV start kits
  - Butterfly needles to run subcutaneous fluids
PPE

- Personal Protective Equipment:
  - Gowns
  - Medical Gloves
  - Face shields/goggles
  - N95 respirator masks
  - Surgical Masks for Residents and Staff

Cleaning and Non-Medical Supplies

- Cleaning Supplies:
  - EPA-approved disinfectant for surfaces
  - Equipment sanitizer wipes or spray
  - Hand sanitizer
  - Hand soap for each resident room
  - Paper towels for each resident room

- Non-medical Supplies:
  - Tablets and phones with Skype, WhatsApp, Google Chat, or Facetime for family communication with residents
“We have a chance to do something extraordinary. As we head out of this pandemic we can change the world. Create a world of love. A world where we are kind to each other. A world were we are kind no matter what class, race, sexual orientation, what religion or lack of or what job we have. A world where we don’t judge those at the food bank because that may be us if things were just slightly different. Let love and kindness be our roadmap.”

— Johnny Corn

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