

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.

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And so it begins...

- ▶ 52-bed assisted living facility providing dementia care in Henderson County, NC
- ▶ Staff person tested positive on March 29th. Stopped working on March 27th 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

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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

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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

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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.

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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

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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)

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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 will 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, videochat, 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 preexisting 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.

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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

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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

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PPE

▶ Personal Protective Equipment:

- ▶ Gowns
- ▶ Medical Gloves
- ▶ Face shields/goggles
- ▶ N95 respirator masks
- ▶ Surgical Masks for Residents and Staff

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Cleaning and Non-Medical Supplies

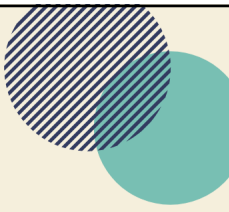
▶ Cleaning Supplies:

- ▶ 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

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“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 where 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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