

# Preferred Provider Network Weekly Broadcast

- **COVID-19 Weekly Update**
- **April 1, 2020**

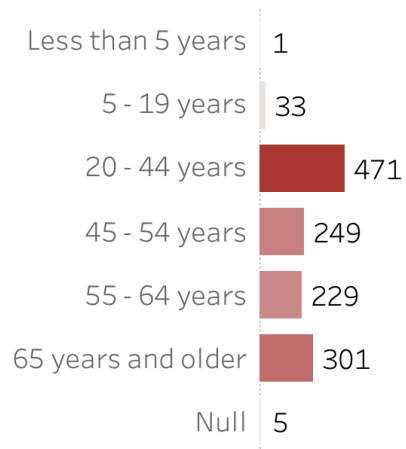
# Agenda

- COVID 19 update
- New Post Acute Website
- STOP COVID-19
- PPE Conservation plan
- PPE Exchange
- Update from HonorHealth

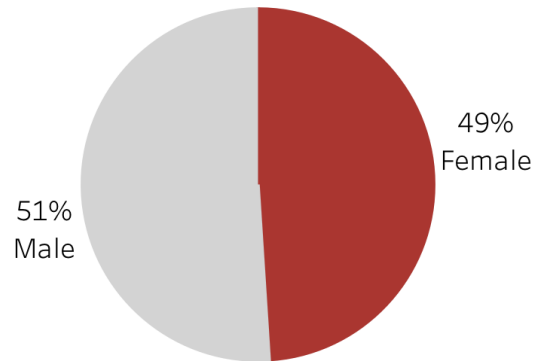
# CORONAVIRUS STATUS 3/31/2020

- **World** 850,581 cases, 41,654 deaths
- **US** 184,183 cases, 3,721 deaths (US #1 in world for cases)
- **Arizona** 1,289 cases, 24 deaths – **WIDESPREAD**

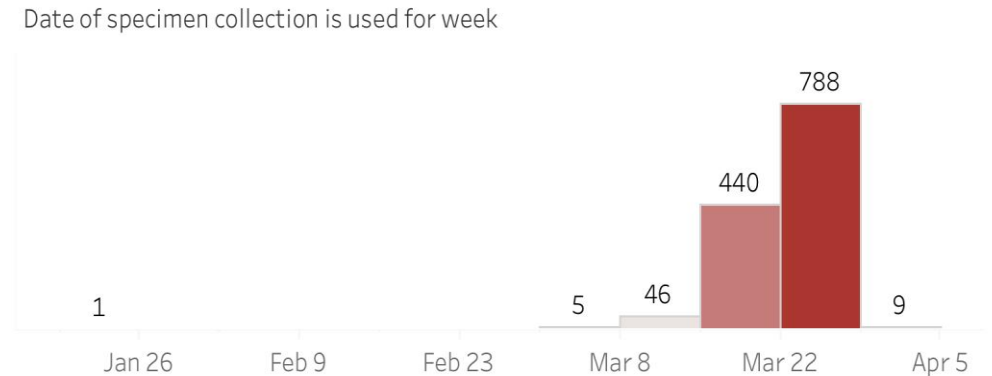
COVID-19 Cases by Age Group



COVID-19 Cases by Gender



COVID-19 Cases by Week

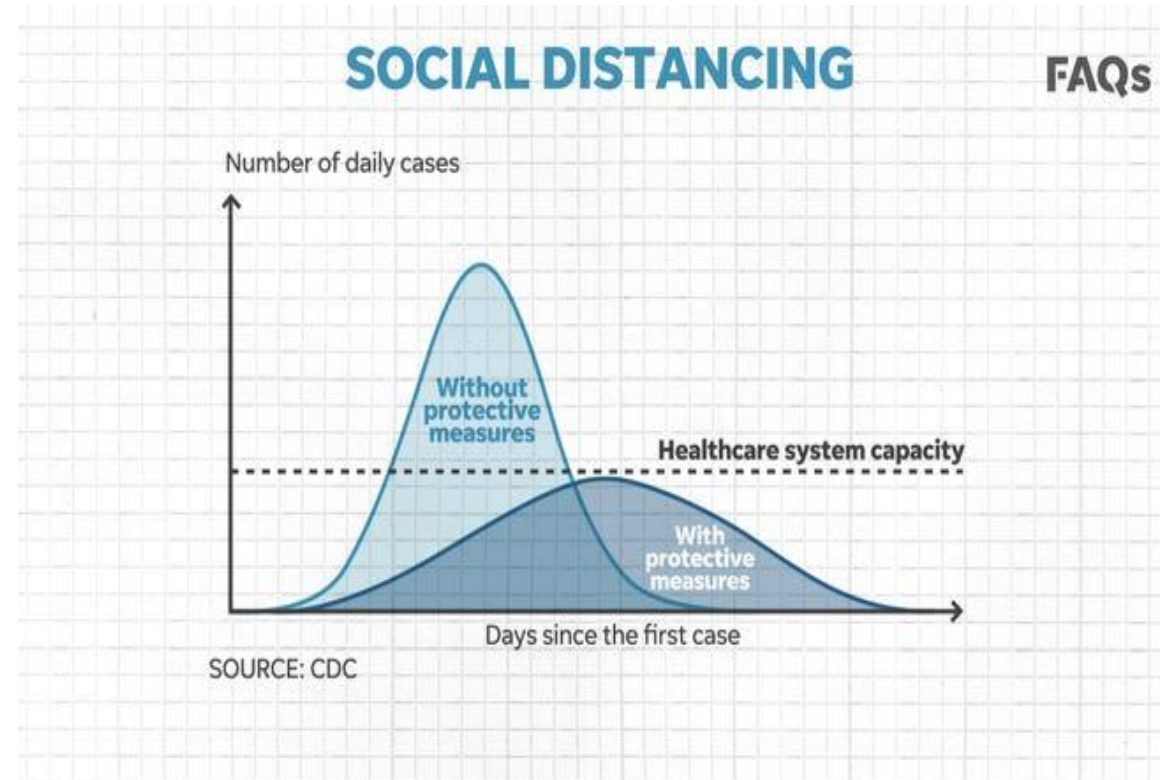


Date Updated: 3/31/2020

For recent weeks, all data may not be complete due to reporting lags.

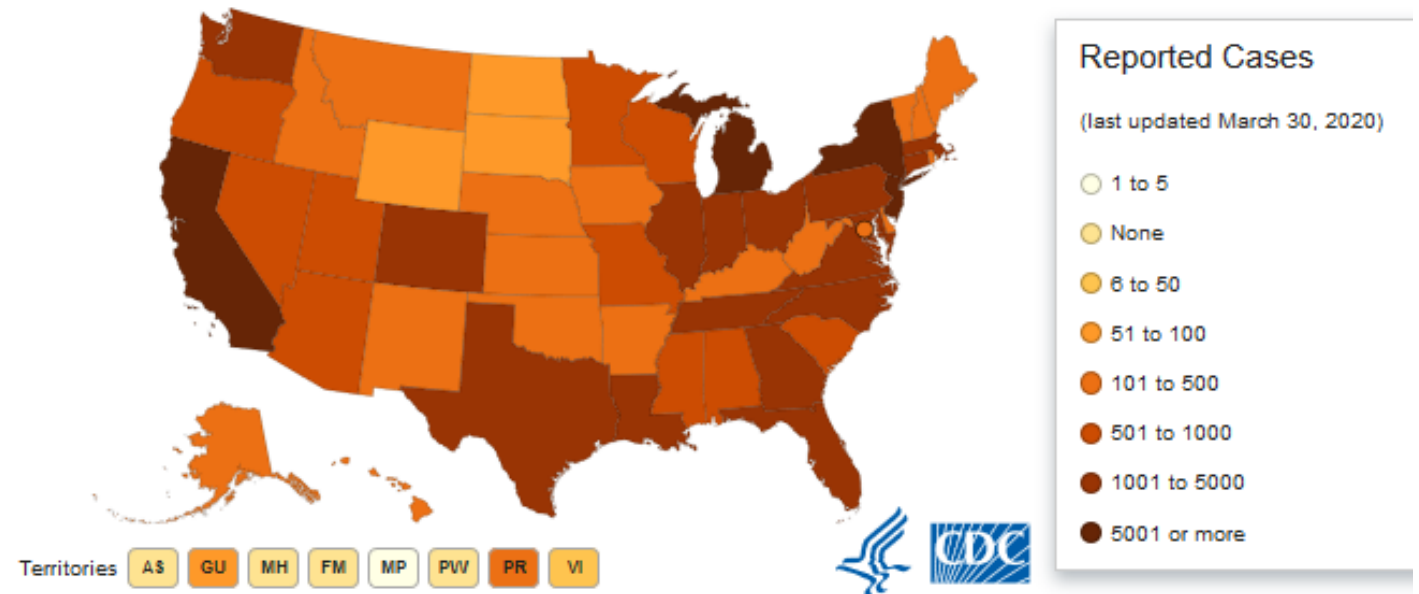
# CORONAVIRUS STATUS 3/31/20

- Travel-related: 1,042
- CDC 3/28 urges residents of New York, New Jersey, Connecticut to refrain from domestic travel x 14 days (not HCP)
- **Close contact: 2,919**
- Under investigation: 159,578 (NO longer being reported)
- **Total cases: 163,539**



## Cases by State as of 3/31

- New York 75, 795
- New Jersey 18, 696
- Michigan 7,615
- California 7,540
- Massachusetts 6,620
- Florida 6,338
- Illinois 5,994
- Washington 5,280



# ICP Website: Post-Acute Communication



- ICP/HH Updates
- CMS Updates
- Provider Network Updates
- Q&A postings
- Broadcasts

<https://www.innovationcarepartners.com/postacutecommunications>



# STOP COVID-19 – Avoid Exposure to COVID-19

- Social isolation (Arizona now is Widespread)
  - Remain 6 feet apart
- Clean hands often
  - Wash hands with soap for at least 20 sec
  - Hand sanitizer with at least 60% alcohol
  - Avoid touching your eyes
- Take steps to protect others
  - Stay home if you are sick
  - Cover your cough and sneezes
  - Wear a facemask if you are sick
  - Clean and disinfect (frequently touched surfaces)



# STOP COVID-19 Spread – CMS / CDC Restrictions

- Restrict all visitors and non-essential HCP
- Exceptions end-of-life situation, case by case scenario
  - Use hand hygiene, use PPE (Facemasks)
- Fever (100.4F), symptoms: cough, dyspnea, sore throat, diarrhea (new), exposure to COVID-19 + patient
- Visitors should wear a face mask while in the building
- Cancel communal dining, all group activities, op doc apt
- Screen of residents fever and respiratory symptoms
- **Screen ALL staff at beginning of the shift**
- Resident social distancing, hand hygiene



# STOP COVID-19


- Communication
  - Telehealth communication
  - Min exposure to HCP
  - Min exposure to patients
  - Conserve on PPE
  - Patient visits by physicians via Telehealth platform
  - HonorHealth will utilize Doxy.me
  - Any platform will work (temporary)
  - No HIPPA restrictions (temporary)



# STOP COVID-19 Spread – PAC Recommendations

- Consider creating a separate wing / unit
- Isolate residents admitted from hospital admitted patients
- PUI or COVID-19 patients do NOT need to be hospitalized
  - Place in contact precautions
  - NO Nebulizer therapy (aerosolize the virus, need for N95 mask, neg pressure room)
- Update residents advance directives
- Education and training (sick leave policies, infection prevention)
- Supplies and resources

# PPE Conservation Plan – see ICP website



**Personal Protective Equipment (PPE) Conservation Plan  
for Suspected or Known COVID-19 Patients  
updated 3/17/2020**

**Context:** With the rapidly evolving clinical situation around the COVID-19 pandemic, Innovation Care Partners is working with our providers and healthcare teams to provide the best resources to assist in conserving critical resources while providing the safest patient care possible.

The Centers for Disease Control (CDC) recommends standard/droplet/contact precautions for all ambulatory, acute care, and ED patients with known or suspected COVID-19 disease, while those who are critically ill and require aerosol generating procedures such as intubation will require airborne precautions as well.


The following recommendations are compiled based on evolving scenarios and current evidence but may not be comprehensive to each situation.

**RECOMMENDED PPE:**

Health care workers caring for patients with suspected COVID-19	Patients with symptoms (fever, cough, shortness of breath)
<ul style="list-style-type: none"> <li>Facemasks/surgical masks (only N95 if performing procedures that are likely to generate respiratory aerosols)</li> <li>Face shield or goggles (personal eyeglasses and contact lenses are NOT considered adequate eye protection)</li> <li>Non-sterile gloves</li> <li>Isolation gown if available</li> </ul>	<ul style="list-style-type: none"> <li>Facemask</li> </ul>

**GENERAL RECOMMENDATIONS:**

- For patients for whom a physical exam is not required, consider other options such as telephone or telehealth
- Avoid having unnecessary people in the patient rooms (limit visitors to waiting areas as much as possible, no students or extra staff in exam rooms)
- Keep all PPE in a secure location to control access and inventory
- Keep inventory of PPE and consider notifying ICP if low on supplies essential to patient care of COVID-19 suspected patients or if there are excess supplies and willingness to share with our ICP community of providers
- Remove all facemasks from public or high traffic areas; provide facemasks to symptomatic patients and visitors upon check-in to avoid possible contamination of others when coughing or sneezing
- Identify clinical staff that must have access to PPE and restrict other non-essential staff from utilizing PPE
- PPE should not be worn by employees outside of appropriate indications in the clinical setting or for housekeeping purposes
- For patients who have COVID-19 symptoms, combine care where possible to minimize in- and out-of-room activity to preserve supplies



- It is safe for caregivers to use one face mask throughout the day unless it becomes wet, or visibly dirty, or there is a blood or body fluid exposure. If that occurs, it must be disposed of immediately and replaced with a new one
- Follow proper donning and doffing techniques to prevent self-contamination
- If there are shortages of gowns, they should be prioritized for use by staff who are performing aerosol-generating procedures, participating in care activities where splashes and sprays are anticipated, and in high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of the health care worker (such as dressing, transferring, providing hygiene, changing briefs or assisting with toileting, device care or use)
- Disposable gowns should be discarded after a single use
- Use of N95 masks are preferred during collection of nasopharyngeal swabs from suspected COVID-19 patient, but a facemask is safe and acceptable to use if N95 mask is not available

**AEROSOLIZING PROCEDURES:**

- Airborne precautions should be followed including the use of N95 respirators with cleanable face shield (preferred) or a surgical mask over an N95 mask when feasible
- Keep unused N95 respirators in a clean, breathable container such as a paper bag between uses
- There are more stringent criteria for disposal or replacement of N95 masks, see CDC for recommendations: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

**Resources:**

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

[https://covid-19.uwmedicine.org/Pages/default.aspx?fbclid=IwAR1s9IbXrF7BwT1ebQI7KNE\\_NQT54TZ9Zm2jInuRcAhAOd7zUQ226xAFs3Q](https://covid-19.uwmedicine.org/Pages/default.aspx?fbclid=IwAR1s9IbXrF7BwT1ebQI7KNE_NQT54TZ9Zm2jInuRcAhAOd7zUQ226xAFs3Q)

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## PPE Exchange

- We are all working together to obtain PPE
- We can create a PPE network
- Please communicate needs to ICP Develop a buddy system - return borrowed items
- ICP vendor information
- Prevent spread of COVID-19 with all HCP having proper PPE
  
- Elysha will be sending SurveyMonkey to better track responses



## SNF/IRF Transfer to ED Form

- Transfer elements discussed at last week's broadcast are included in a transfer form developed at HonorHealth
- Form added to website
- Appreciate if form would accompany patient to E.D. so that appropriate steps and precautions are taken

# SNF Benefit Period Exhaustion – Extensions Covered in CMS 1135 Waiver

- As part of the CMS 1135 waiver, CMS will recognize special circumstances for beneficiaries who have exhausted their SNF benefits
- This refers to a patient that is in their 60 day waiting period for benefits to renew.
- Waiver will extend benefits to those patients which will not require a new spell of illness – they can receive up to 100 additional days of SNF Part A coverage
- Policy only applies to those beneficiaries who have had to break their waiting period as a result of the emergency

# Additional Considerations for Benefit Exhaustion

- Patients whose 60 day break began after 3/1/20 will not qualify for the waiver
- Must continue to have a daily skilled need
- Must have exhausted their benefit prior to 3/1/20
- Disruption must have occurred after 3/1/20
- Please work with hospital case managers to determine necessary documentation and timelines needed for these patients.



**Questions – Type in Q & A section and we will respond and/or post Q & A on the website**

