Preferred Provider Network Weekly Broadcast

- **COVID-19 Weekly Update**
- **May 20, 2020**

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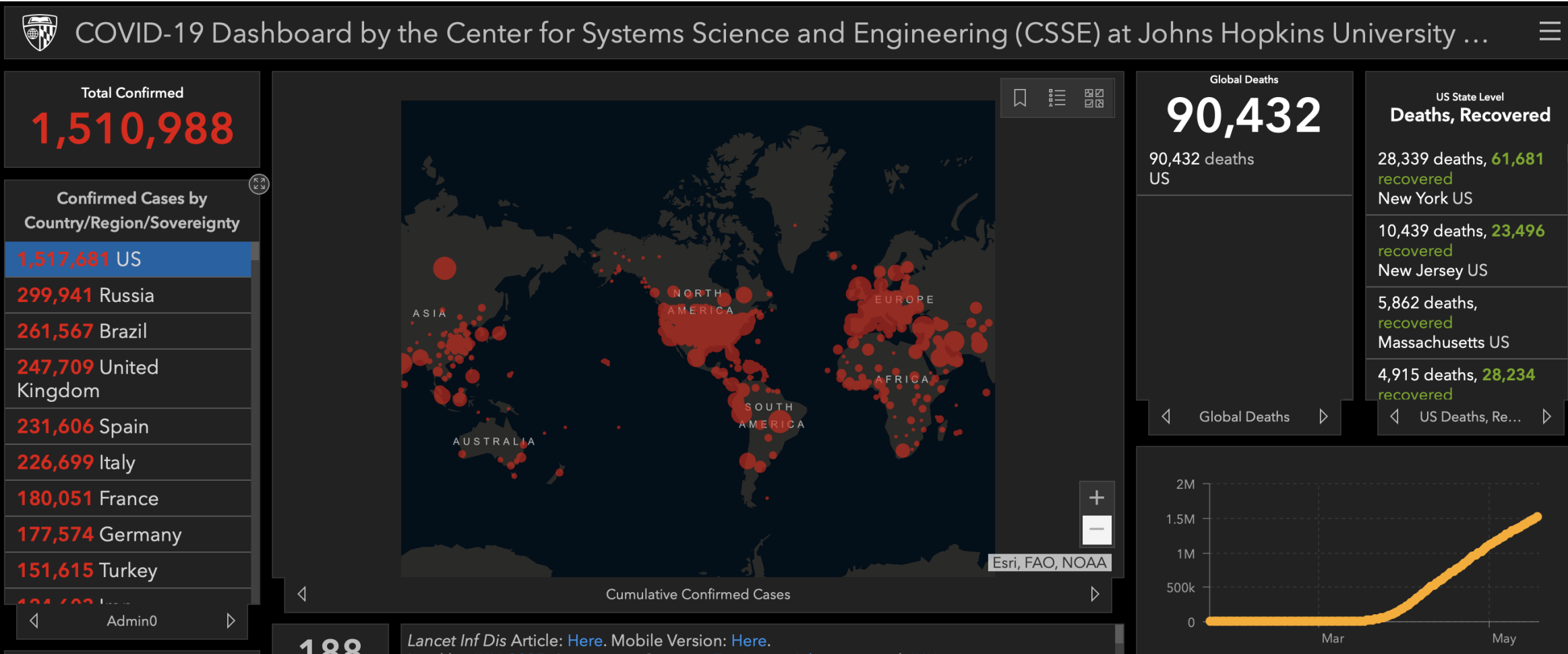
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Agenda

- COVID-19 updates
- CDC guideline updates
- CMS updates
- HonorHealth updated
- CCRC Guest speaker
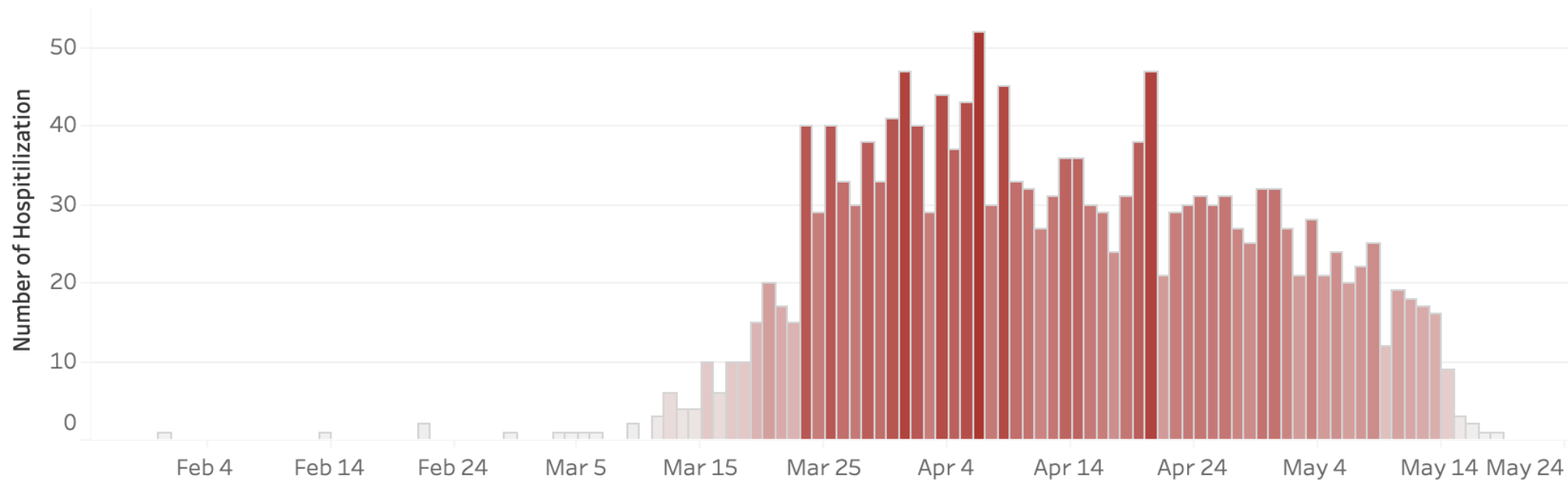
Johns Hopkins tracker – link on ICP site
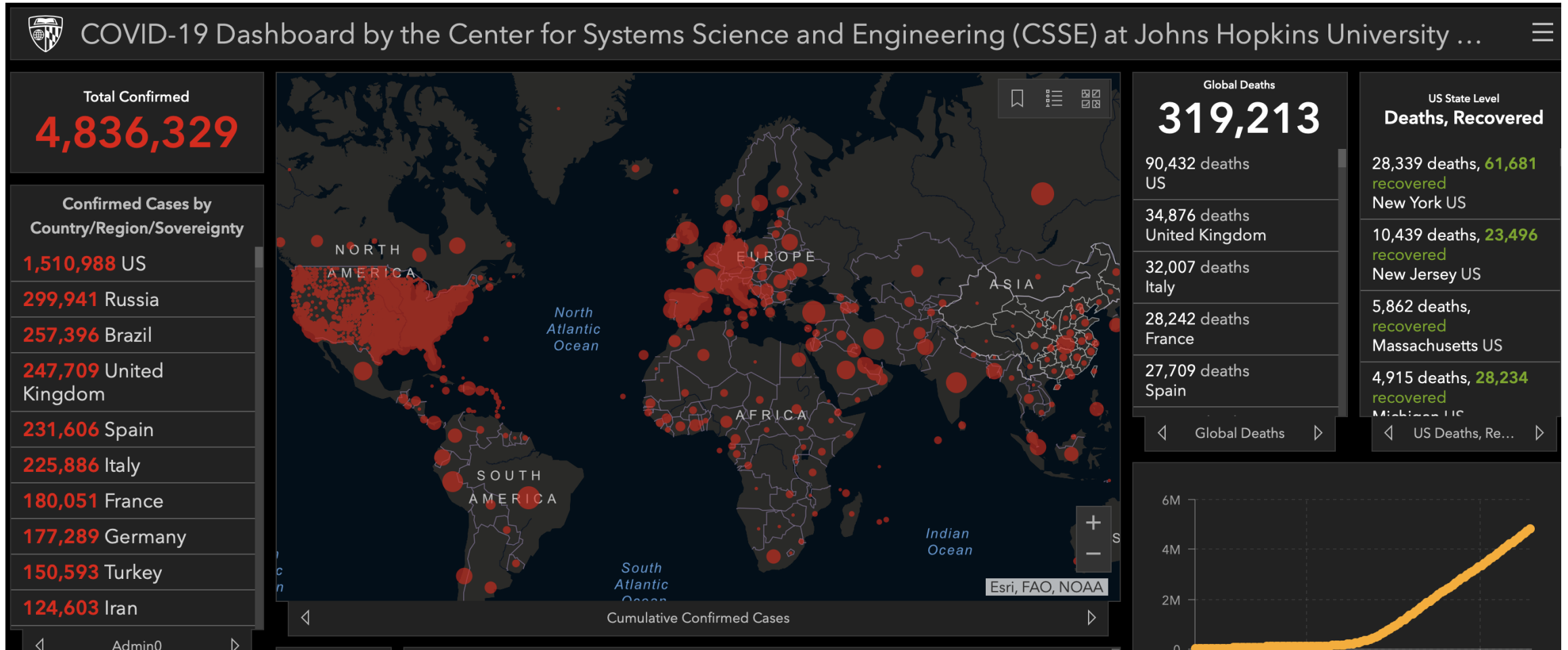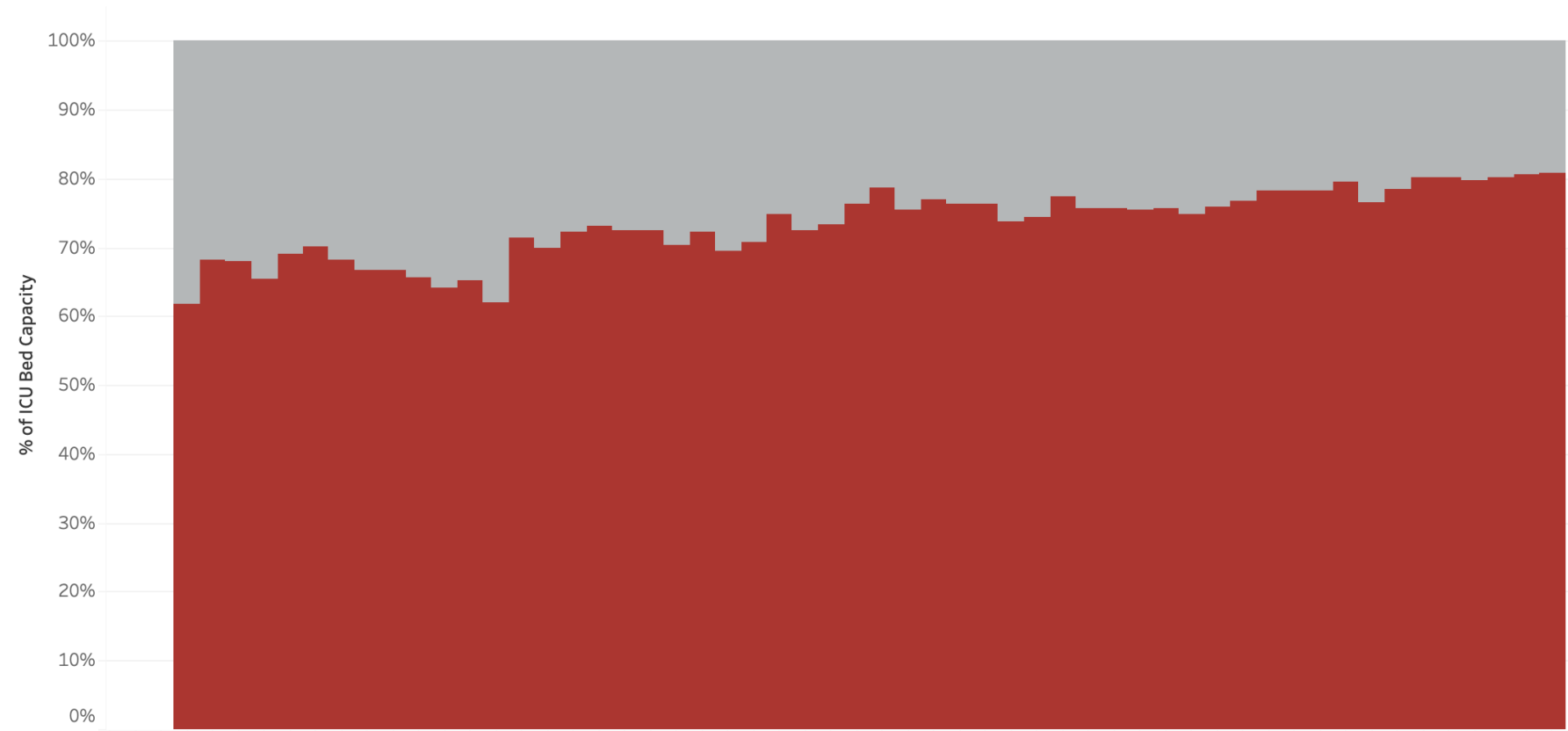
Johns Hopkins tracker – link on ICP site

Arizona COVD-19

Number of COVID-19 Cases that are Hospitalized by Date of Hospitalization

Number of Cases	Number of Deaths	Number of COVID-19 Tests
14,566	704	220,612

Arizona COVD-19, ICU Capacity

Arizona COVD-19, Ventilator Capacity
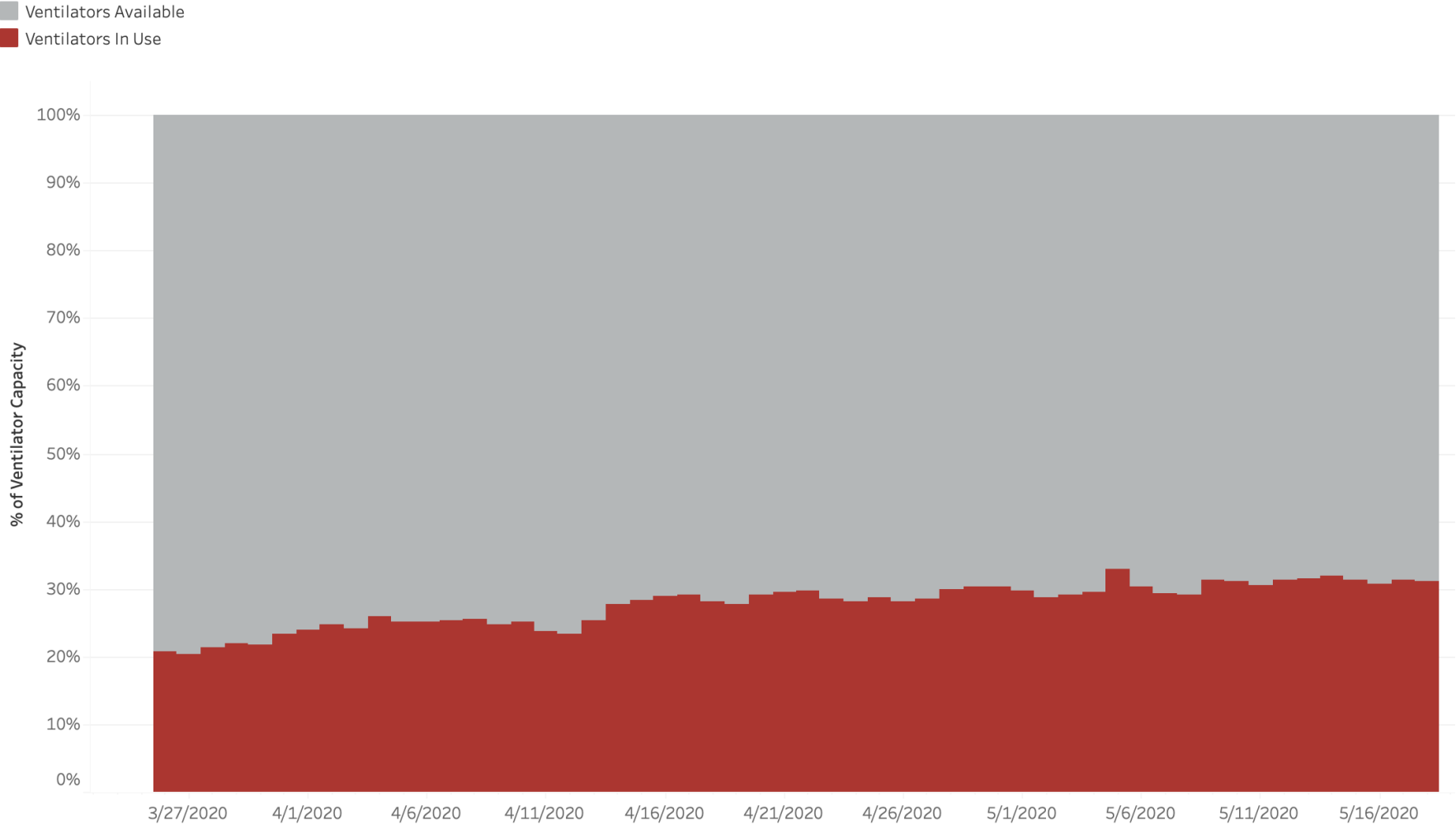
COVID-Like Illness in Arizona trending down
(through 5/10/2020)

Legend:
- % of Visits with CLI from Emergency Department (ED)
- % of Visits with CLI from Inpatient

Chart end labels: 3.9%, 3.0%

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Azdhs.gov
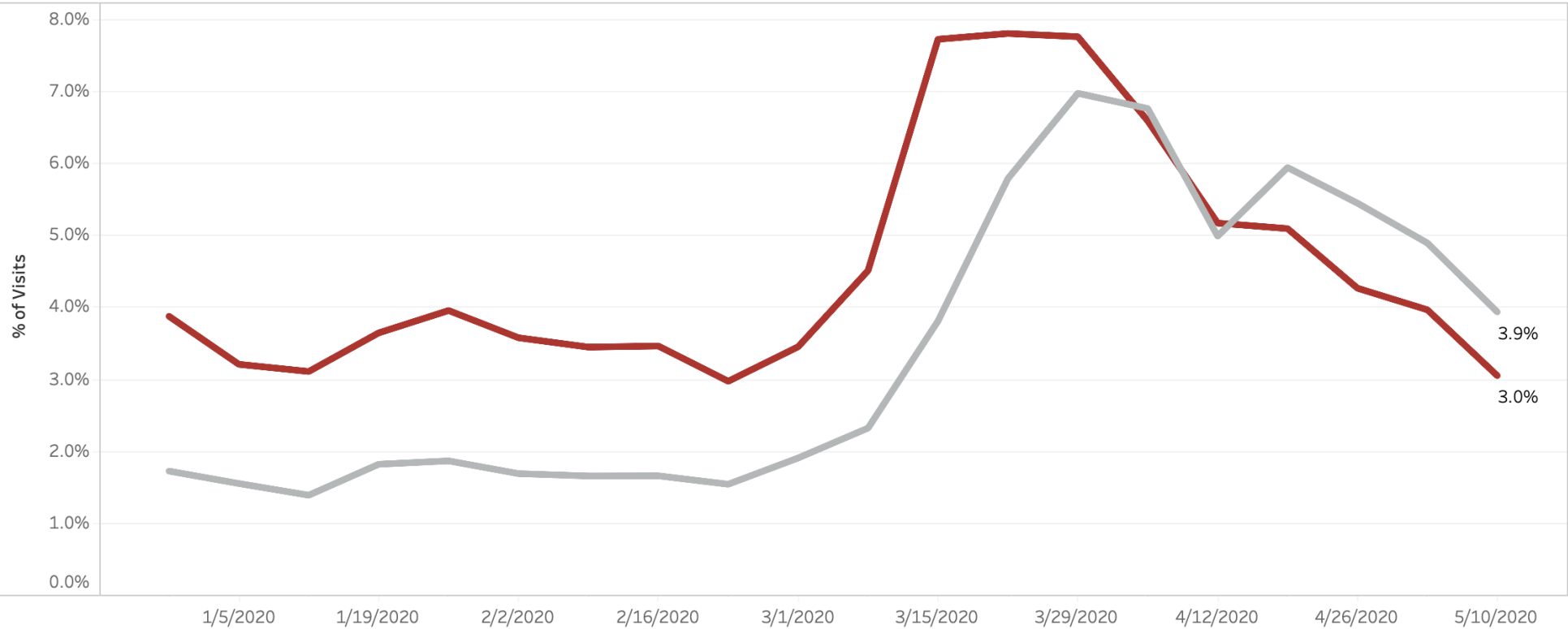
AZ growth slowing at 4% (US is at 2%)

Counting each region from the first day when 100+ confirmed cases were reported. China/Hubei started on the 4 days after the first 400-500 cases were reported to align the graph.
Data based on Johns Hopkins University COVID-19 dataset. Inspired by Coronavirus tracked: the latest figures as the pandemic spreads
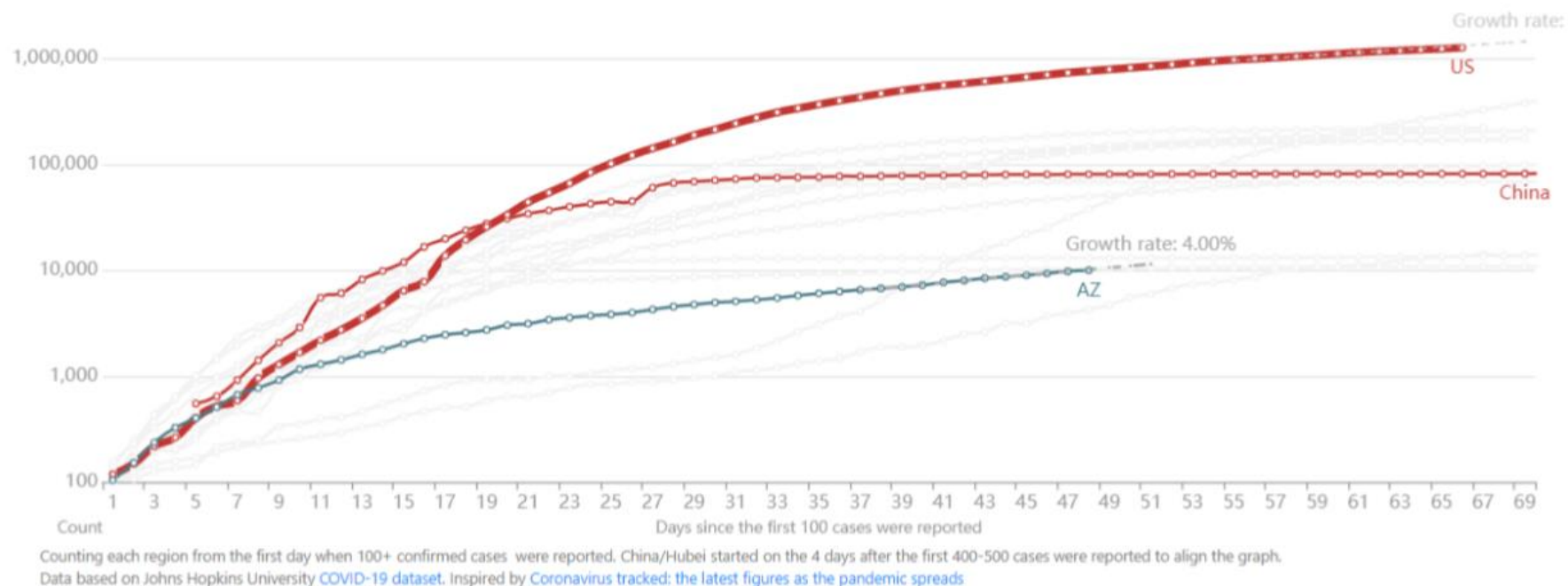
COVID-19 in Long-term Care Facilities

174 long-term care facilities have had at least one resident or staff with COVID-19.

Residents of long-term care facilities (including skilled nursing facilities, assisted living facilities, rehabilitation facilities, hospice facilities, group homes, and other congregate settings) are at h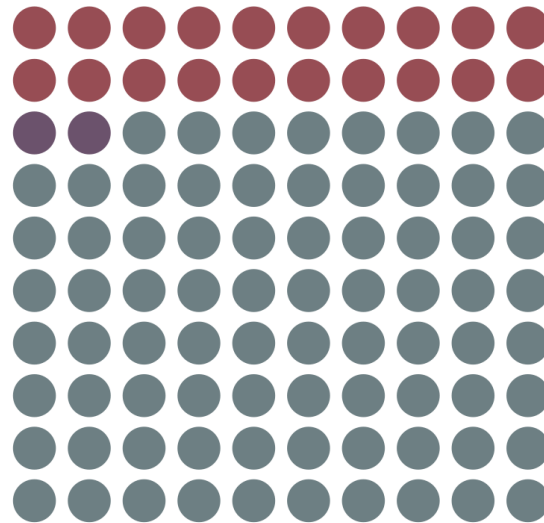ighest risk for severe outcomes from COVID-19 infection because they live in a communal setting and tend to be older with chronic medical conditions.

Long Term Care Facilities To-Date

Of **1145** COVID-19 cases among residents, **249 (22%)** have been hospitalized and **231 (20%) have died.**

Of 563 COVID-19 cases among staff, **30 (5%)** have been hospitalized and **2 (0.4%)** has died.

COVID-19 in Long-term Care Facilities

COVID-19 in PAC Facilties

Chart showing cumulative COVID-19 cases in PAC Facilities from 4/15/20 to 5/17/20+.

Patients (blue line): 169, 326, 533, 804, 967, 1145
Staff (red line): 0, 151, 233, 354, 448, 563

Legend: Patients — Staff

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As of 05/20/2020   11
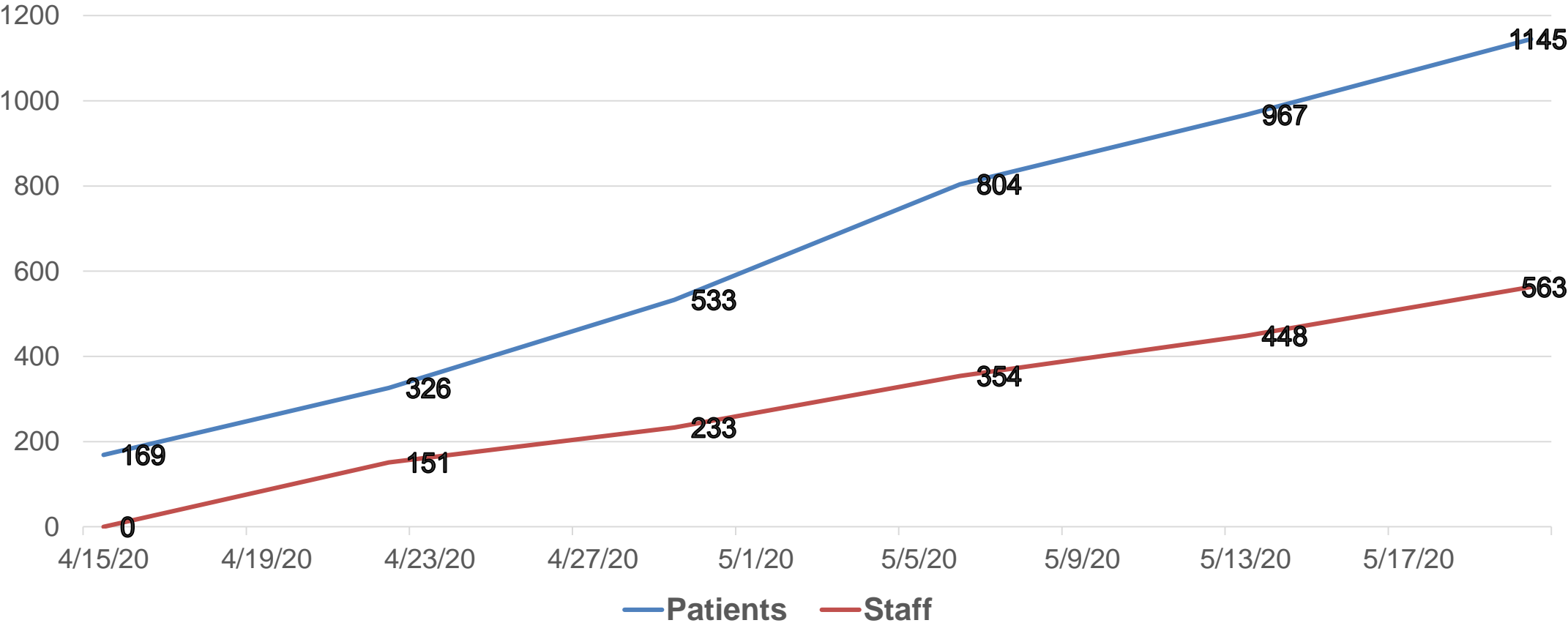
CONTACT TRACING

- **WHAT IS IT?**
- Provides the ability to rapidly trace the contacts of cases and test those exposed to identify new cases.
- Helps to contain new infections to prevent or slow transmission of COVID-19 in their communities.
- Included in the White House gating criteria guidelines as one of the core state preparedness activities.
- ADHS implemented enhanced statewide contract tracing.

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CONTACT TRACING

How it works.

1. A positive case of COVID-19 is reported to public health
2. Public health reaches out to the patient and conducts an interview to:
   - Identify symptom onset
   - Educate on how to prevent transmitting COVID-19 to others
   - Identify contacts: household, close/community contacts, HCW

CONTACT TRACING

3. Public health then reaches out to members of the household and close contacts
- Makes recommendations
- Educates them what to do if they develop symptom
- Continues to check up on them for 14 days
- If symptoms develop: arrange for testing

4. Public health reaches out to health care institutions and health care workers that treated the person
- Identify individuals that may have worked with the patient
- Make recommendations

CONTACT TRACING

- Arizona obtained recognition by the COVID-19 Tracking Project for its data quality.

Grade A+ ● Grade A ● Grade B ● Grade C ● Grade D ● Grade F
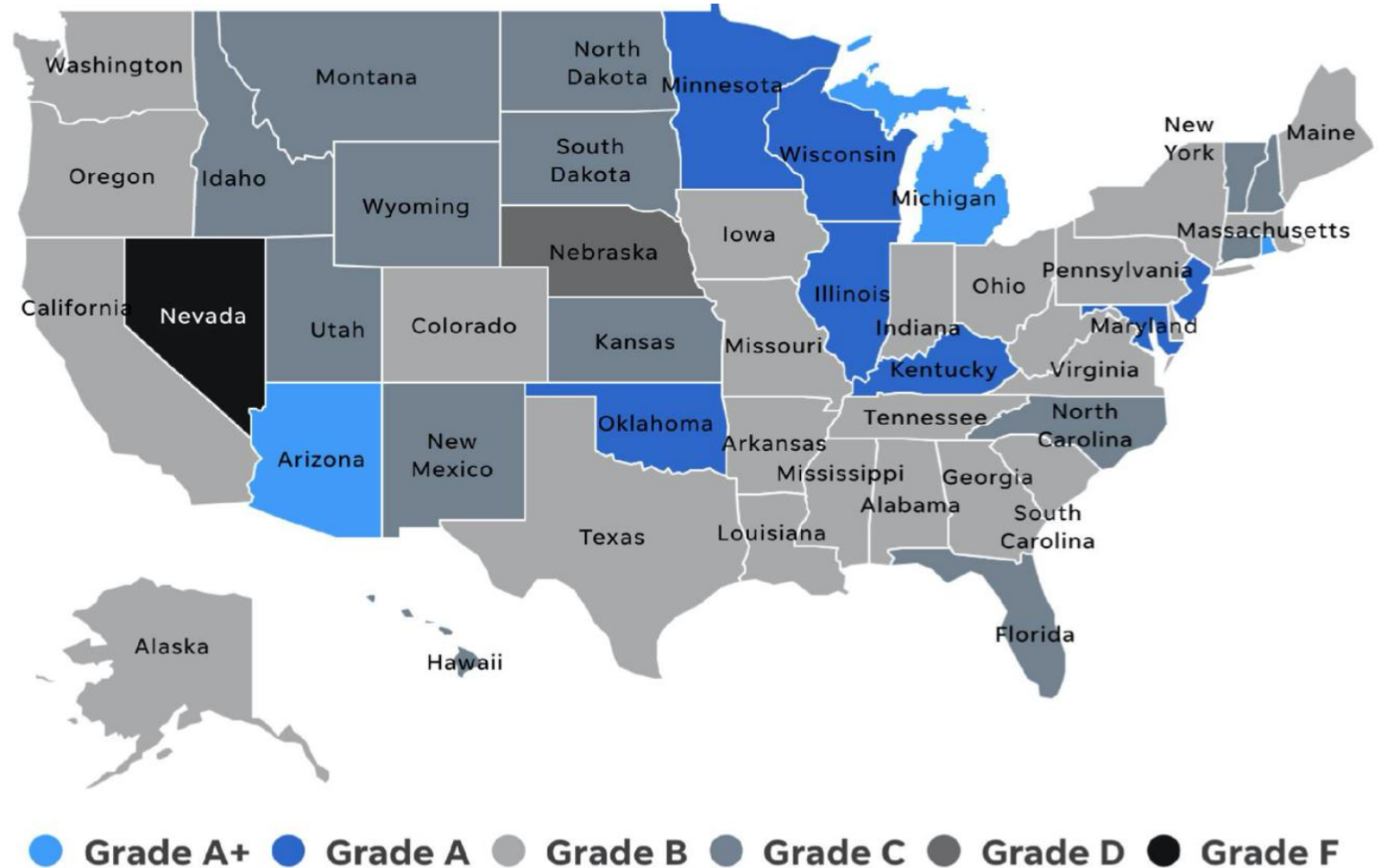
ATED: April 27, 2020
RCE: The COVID Tracking Project

CMS Updates

- Seema Verma, CMS administrator, confirmed that newly required COVID-19 data will eventually appear on Nursing Home Compare

- First public information expected to be released by the end of this month

- The COVID-19 data will also be presented in a separate trend analysis from CMS

- Data obtain from CDC will be scrubbed by CMS

- At this time still "thousands" of SNF still need to sign up with CDCs' National Health and Safety Network

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CMS COVID-19 Partner Toolkit

- CMS has developed this toolkit to stay informed on the COVID-19
  - This compendium is not intended as guidance from CMS.
  - It does not replace or serve as a substitute for CMS requirements and policy
- CMS will update this document on an on-going basis to ensure all new and innovative approaches are reflected in order to provide states with strategies to continue addressing the COVID-19 public health emergency
- https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf

Older Adults Are Hit Hard by COVID-19 – and Also Losing Jobs

Figure 1

The Unemployment Rate among People Age 65 and Older Quadrupled Between March and April 2020

Overall, age 16+
Age 65+

Annual unemployment

Monthly unemployment
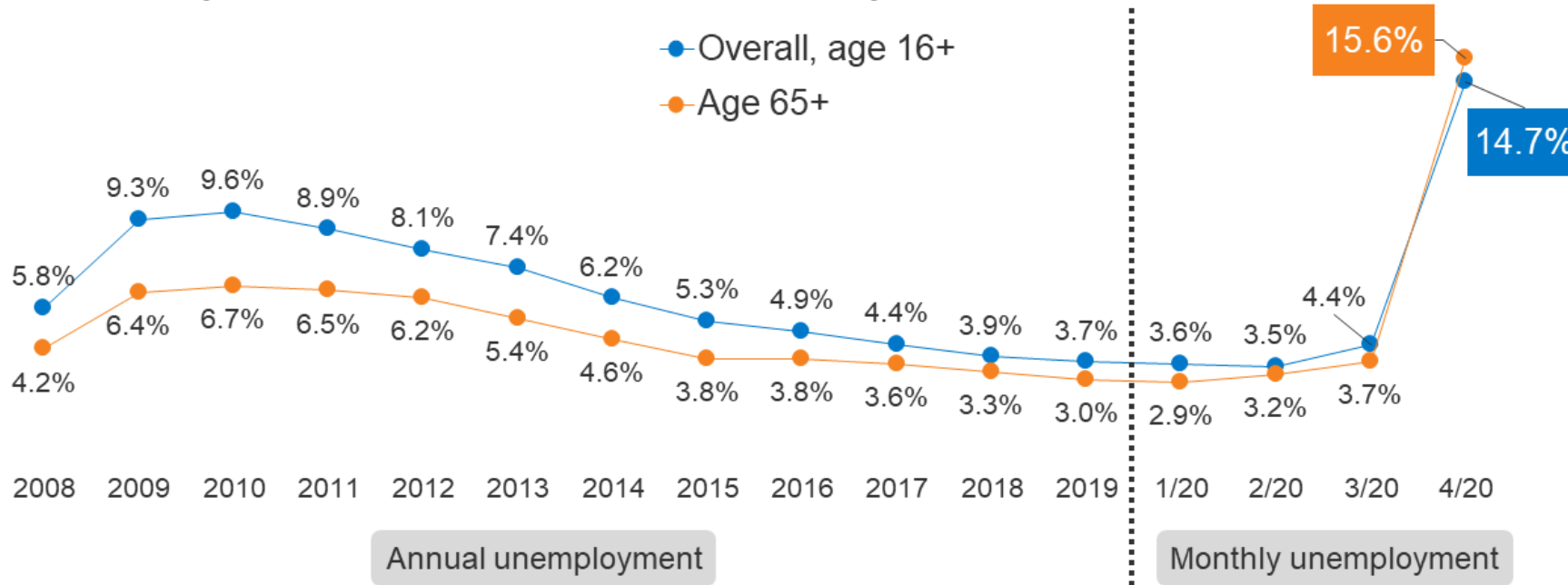
NOTE: Annual unemployment rate averages are based on not seasonally adjusted estimates; monthly unemployment rates are seasonally adjusted for the overall rate and not seasonally adjusted for people age 65 and older.
SOURCE: KFF analysis of employment data from the Bureau of Labor Statistics.

KFF
HENRY J KAISER
FAMILY FOUNDATION

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MCDPH Long Term Care Facilities Updates

PPE-specific guidance

- Make sure you have a system to track your PPE supply
- Use the PPE burn rate calculator or other tools.
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html
- Make necessary PPE available in areas where resident care is provided
  - Including surgical facemasks, eye protection, gowns, and gloves

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MCDPH Long Term Care Facilities Updates

LTCFs should notify MCDPH about any of the following:

- Resident or HCP with suspected or confirmed COVID-19
- Resident with severe respiratory infection resulting in hospitalization or death, and
- ≥3 residents or HCP with new-onset respiratory symptoms within 72 hours of each other.

What to do if employees have had a known exposure to COVID-19:

- Allow **asymptomatic** employees to continue to work after consultation with their occupational health program. Use your monitoring system to **ensure exposed employees are monitored daily** for the 14 days after the last exposure.
- All HCP should be wearing a surgical facemask at all times while in the facility, regardless of their exposure history.

MCDPH Long Term Care Facilities Updates

Prevent the spread of respiratory germs BETWEEN facilities:

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.

- Report any possible COVID-19 illness in residents and employees to the local health department.

- HCP who work in multiple locations may pose higher risk and should be asked about exposure to facilities with COVID-19 cases.

- When transmission in the community is identified, nursing homes and assisted living facilities may face staffing shortages. Facilities should develop plans to mitigate staffing shortages.

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MCDPH Long Term Care Facilities Updates

COVID-19 confirmed patients

- Dedicate space in the facility to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with laboratory-confirmed COVID-19.

- Assign dedicated HCP to work only in this area of the facility.

- To the extent possible, restrict access of ancillary personnel to the unit.

- To the extent possible, assign environmental services staff to work only on the unit.

Arizona - Returning Stronger

- Data show Arizona is ready for a gradual and phased-in return.

DECLINING SYMPTOMS

Hospital visits for COVID-like Illness (CLI) & Influenza-like Illness (ILI) are declining.

ILI
CLI
7.3%
6.1%
3.9%
1.9%

19/2020   2/2/2020   2/16/2020   3/1/2020   3/15/2020   3/29/2020   4/12/2020   4/26/2020

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Arizona - Returning Stronger

As the number of COVID-19 diagnostic tests has **increased**, the percentage of positive tests has **decreased**.
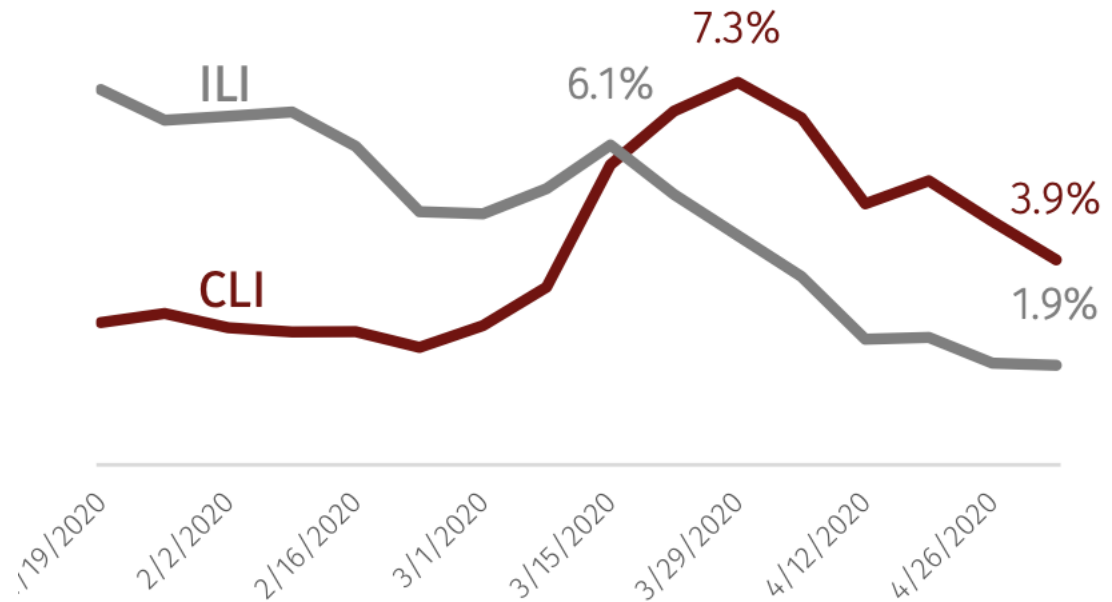
DECLINING PERCENTAGE OF POSITIVE TESTS

Tests performed

37,000

23,000

1/19/2020 2/2/2020 2/16/2020 3/1/2020 3/15/2020 3/29/2020 4/12/2020 4/26/2020

Positive tests

11%

6%

1/19/2020 2/2/2020 2/16/2020 3/1/2020 3/15/2020 3/29/2020 4/12/2020 4/26/2020

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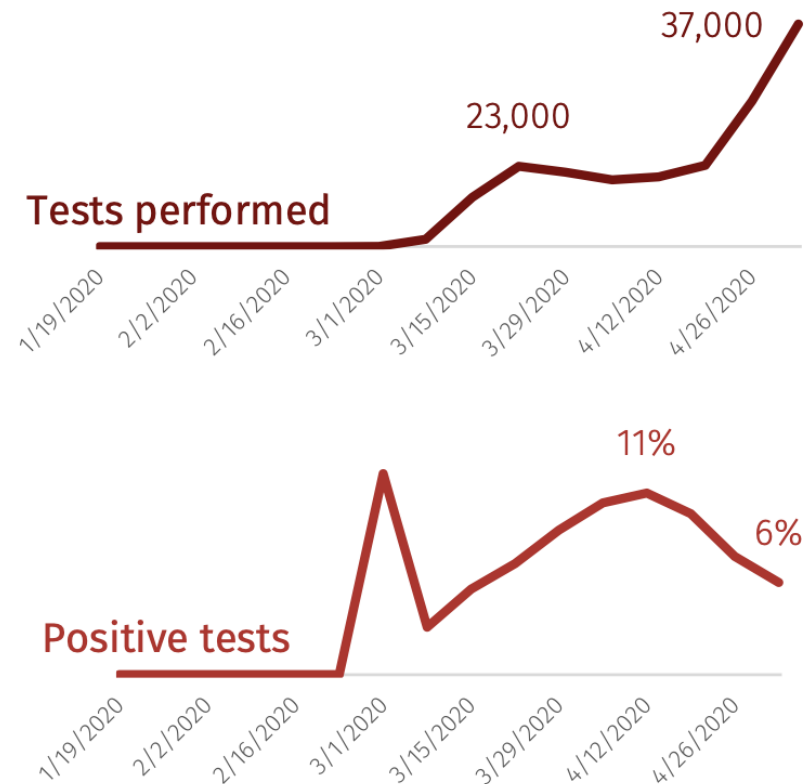
Arizona - Returning Stronger

TREAT ALL PATIENTS WITHOUT CRISIS CARE

- 1,405 healthcare providers with adequate PPE, including 51 hospitals
- Adequate hospital beds, ICU beds and ventilators

ROBUST TESTING FOR AT-RISK HEALTHCARE WORKERS

- 51 hospitals attesting to a robust testing plan
- Implementing COVID-19 testing for residents and staff of 147 long-term care facilities
- Tens of thousands of serology tests reported to ADHS

Initial Plans to Re-open LTCF

- Congress introduced a bill last week that would supply an additional $500 million in federal resources to support nursing home inspections and the implementation of safety guidelines
- Bill would require operators:
  - employ a full-time infection prevention program
  - specific training (coronavirus)
  - weekly testing for residents and daily testing for staff
- Funding would primarily go to states for the creation of "expert strike teams" which would respond to infected facilities within 72 hours

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Plans to Re-open LTCF

- Administrator Seema Verma listed all of the things the Trump administration has ordered to keep SNFs safe and prevent the spread of COVID-19 including:

  - expansion of telemedicine

  - waiving requirements for in-person care

  - recently increasing reporting requirements

- Governor mandated all HCP in post acute care facilites obtain COVID-19 testing

CMS Phased Reopening Guidance for Nursing Homes, May 18th

- Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality

- The memorandum provides "recommendations" for State and local officials to help them determine the level of mitigation needed for their communities

- Encourage State leaders to collaborate with the state survey agency, and State and local health departments to decide how these and other criteria or actions should be implemented in their state.

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CMS Phased Reopening Guidance for Nursing Homes, May 18th

- Because the pandemic is affecting communities in different ways, State and local leaders should regularly monitor the factors for reopening and adjust their plans accordingly
- CMS outlines Key Factors that should inform decisions about relaxing restrictions in nursing homes
- Nursing homes will go through phases of reopening

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CMS Phased Reopening Guidance for Nursing Homes, May 18th

- State officials may choose:
  - All nursing homes in the state progress through the phases together.
    - Nursing homes do not enter or advance through a phase unless all nursing homes have met criteria.

  - All nursing homes in a given region, such as a county, progress through the phases together.
    - Nursing homes in the county do not enter or advance through a phase unless all nursing homes in the county have met criteria.

  - Nursing homes progress through the phases on an individual basis.
    - A nursing home enters or advances through a phase when it has met the criteria.

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CMS Phased Reopening Guidance for Nursing Homes, May 18th

Factors in relaxing restrictions in nursing homes include:

- **Case status in the community:** State-based criteria to determine the level of community transmission and guides progression from one phase to another.

- **Case status in the nursing home(s)**: Absence of any new nursing home onset of COVID-19 cases (resident or staff), such as a resident acquiring COVID-19 in the nursing home.

- **Adequate staffing**: No staffing shortages and the facility is not under a contingency staffing plan.

CMS Phased Reopening Guidance for Nursing Homes, May 18th

Factors in relaxing restrictions in nursing homes include:

- **Access to adequate testing**: At minimum, the plan should consider the following components:
  - The capacity for **all** nursing home **residents** to receive a single baseline COVID- 19 test.
  - The capacity for **all** nursing home **staff** (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week
  - Written screening protocols for all staff
  - An arrangement with laboratories to process tests (results in 48hrs)

CMS Phased Reopening Guidance for Nursing Homes, May 18th

Factors in relaxing restrictions in nursing homes include:

- **Universal source control**: Residents and visitors wear a cloth face covering or facemask.

- **Access to adequate Personal Protective Equipment (PPE) for staff:** Nursing home(s) may be utilizing contingency strategies (as outlined in CDC's **Strategies to Optimize the Supply of PPE and Equipment**) but should not be operating at crisis-capacity strategies.

- **Local hospital capacity:** Ability for the local hospital to accept transfers from nursing homes.

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HonorHealth Updates

New Testing Regulations:

- All admits from skilled nursing facilities, or congregate living facilities, will be tested for COVID-19

- All patients will be placed on the COVID-19 unit pending test results

- LTCF will be informed of patients who have a positive test result

HonorHealth Updates

JCL Request from Case Management:

- Elissa Thompson requests to obtain email from PAC facilities of patients who are returning to ER unexpectedly

- Email is elthompson@honorhealth.com.

- Include pertinent information why the patient is returning, social issues, medical condition, ability to take the patient back

- Any other items that would assist in **preventing / minimizing risk of readmission**

ICP PPE Donations to Post-Acute Network

As of 5/19/2020, ICP has been able to assist our community partners during this time by donating PPE:

- 1,260 Isolation Gowns
- 10,600 Surgical Masks
  - 10k Donation from the Thunderbirds Association to distribute to PAC providers
- 825 N95s
- 100 3D Printed Face shields
- 30 KN95 Adaptors
- 6 gallons of Hand Sanitizer

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Continuing Care Retirement Community (CCRC) Guest Speaker

Teresa Borton
Administrator

- Tell us about yourself and your role.
- How has COVID-19 effected your PAC work flow, patient care at you facilities?
- Are you using any new technology during this time? (TeleHealth platforms)
- How do your PPE practices differ between levels of care (Independent, Assisted, Skilled)?
- What safety measure have you put in place to manage your new independent or assisted living admissions? How about your skilled admission?
- What has been your biggest challenge during the Pandemic and what best practices are working for you now?
- Process for screening employees for symptoms?
- Do you have any staff expressing fears about caring for patients?

Questions – Type in Q & A Section

Post-Acute Website: https://innovationcarepartners.com/postacutecommunications

- If you have further questions or issues you would like to discuss

- Please contact:
  Elysha Lucero – Preferred Network Coordinator
  elucero@icphealth.com

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