

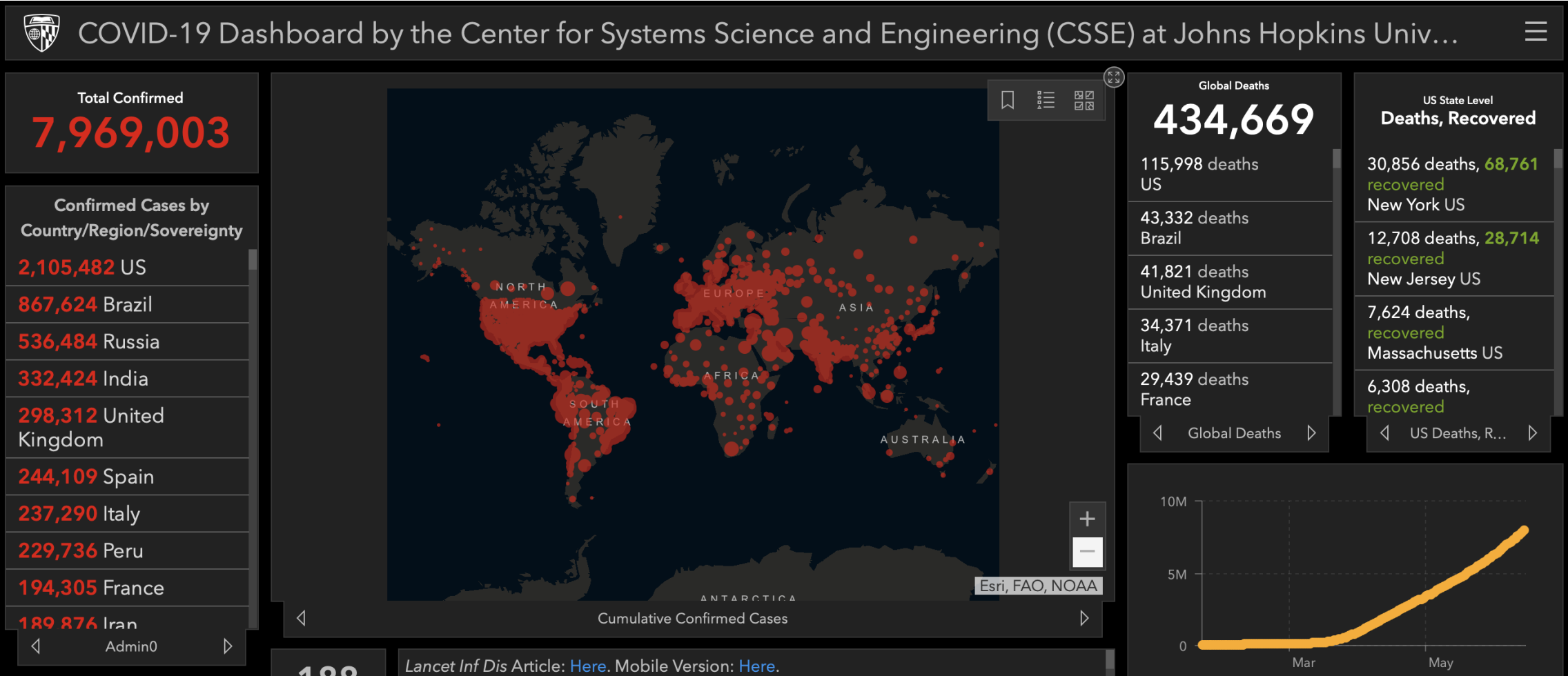
# Preferred Provider Network Weekly Broadcast

- COVID-19 Update
- June 17, 2020

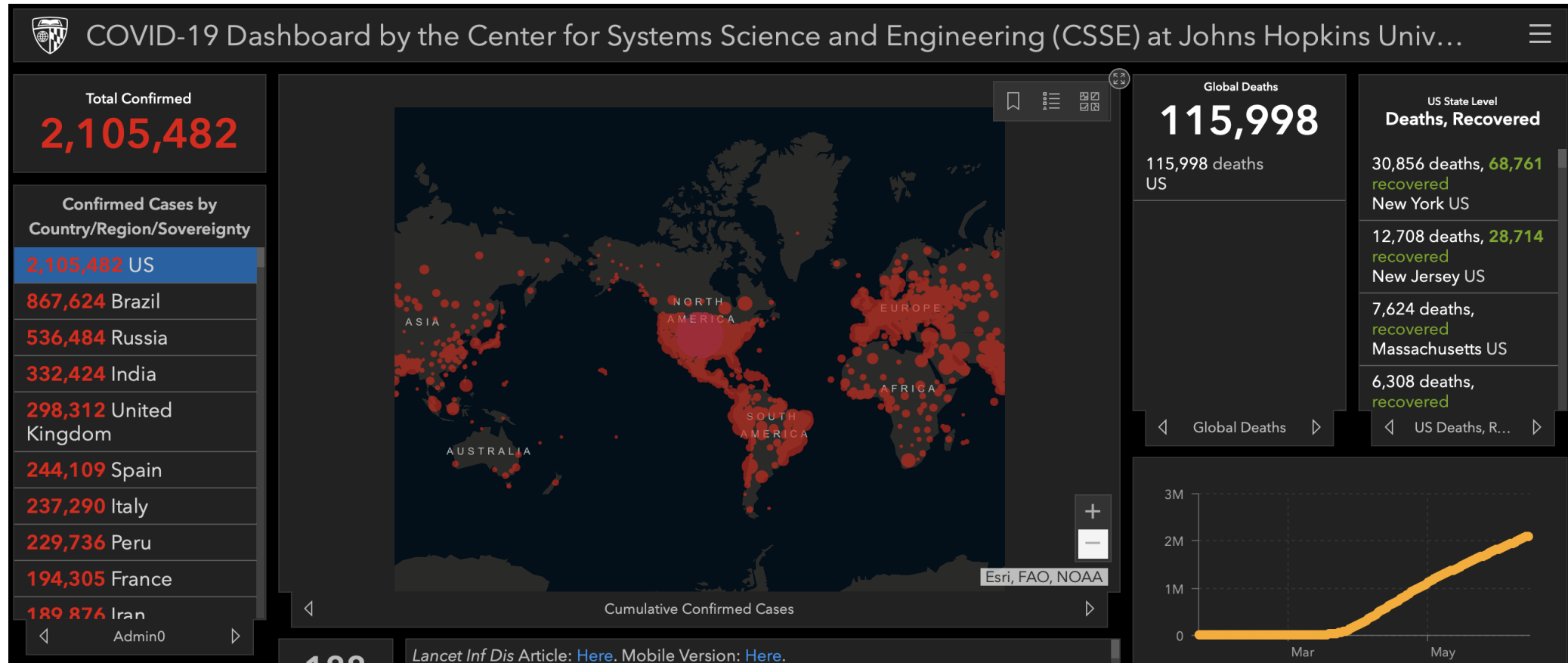
# Agenda

- COVID-19 updates
- CMS updates
- HonorHealth updates
- Guest speaker

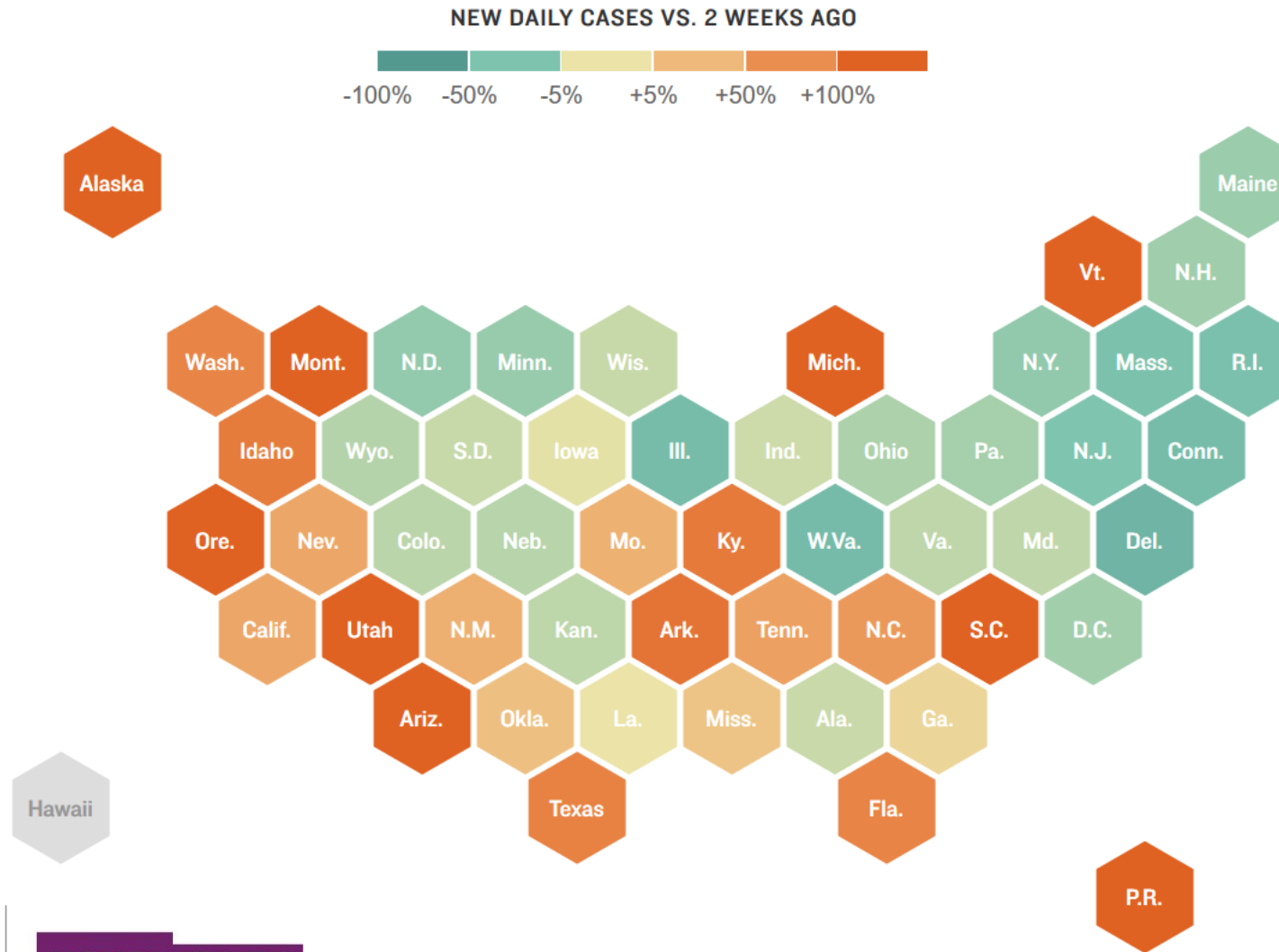
# Johns Hopkins tracker – link on ICP site



# Johns Hopkins tracker – link on ICP site



# Arizona cases up 207% from 2 weeks ago



**Steep increase in % positivity - not due to testing but due to increased community spread. Caution up to 2 week lag time in results.**

All tests completed for COVID-19

479,103

## All tests reported yesterday in Arizona

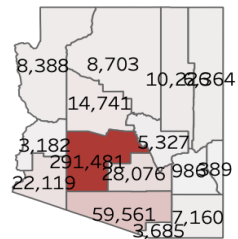
9,676

Total % Positive COVID-19 All Tests

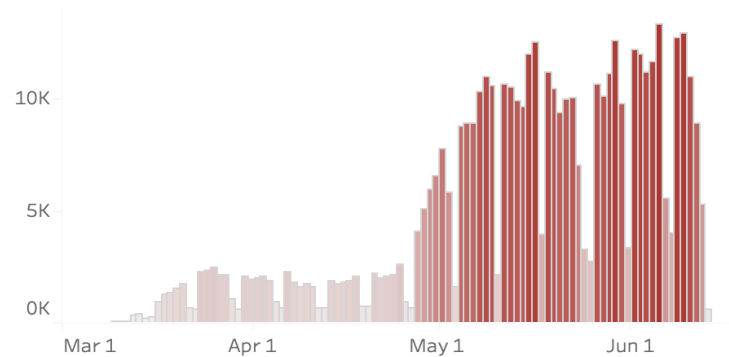
7.0%

## All tests by county

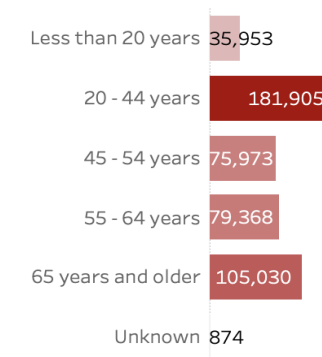
Select a county to filter the data.



### All tests by date of collection



## All Testing by Age Group

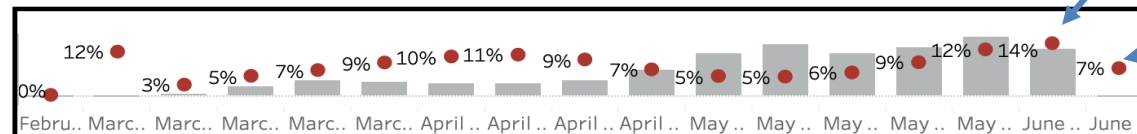


COVID-19 tests completed and percent positive by week

Percent positive is defined as number of people with a positive test result, out of all people with COVID-19 testing completed in AZ.

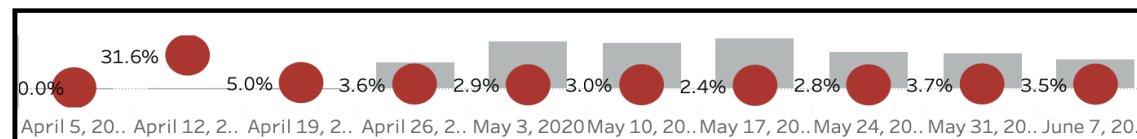
### Total % Positive COVID-19 PCR Tests

8.5%



## Total % Positive COVID-19 Serology Tests

3.1%



14%

**7%**

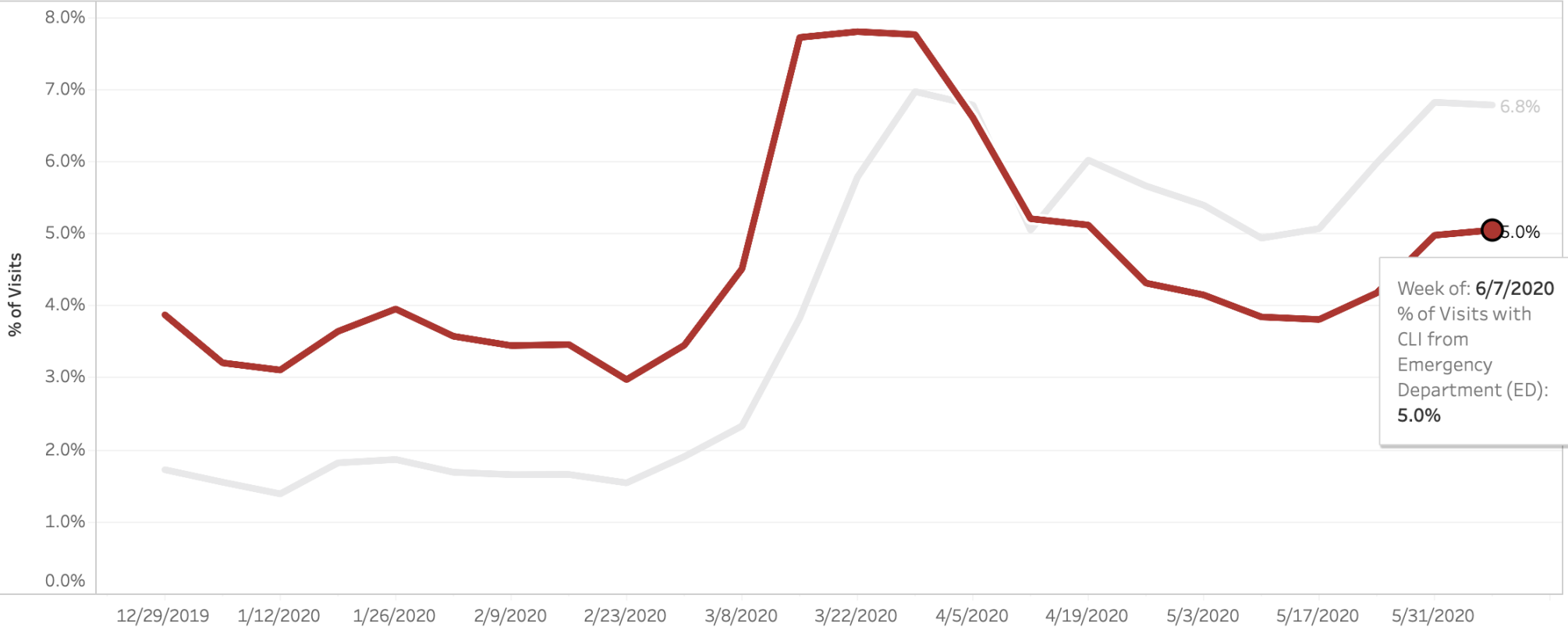
*As of 6/15/2020*

# Positive test rate in AZ now 17.2%



# COVID-Like Illness in Arizona trending down (through 6/15/2020)

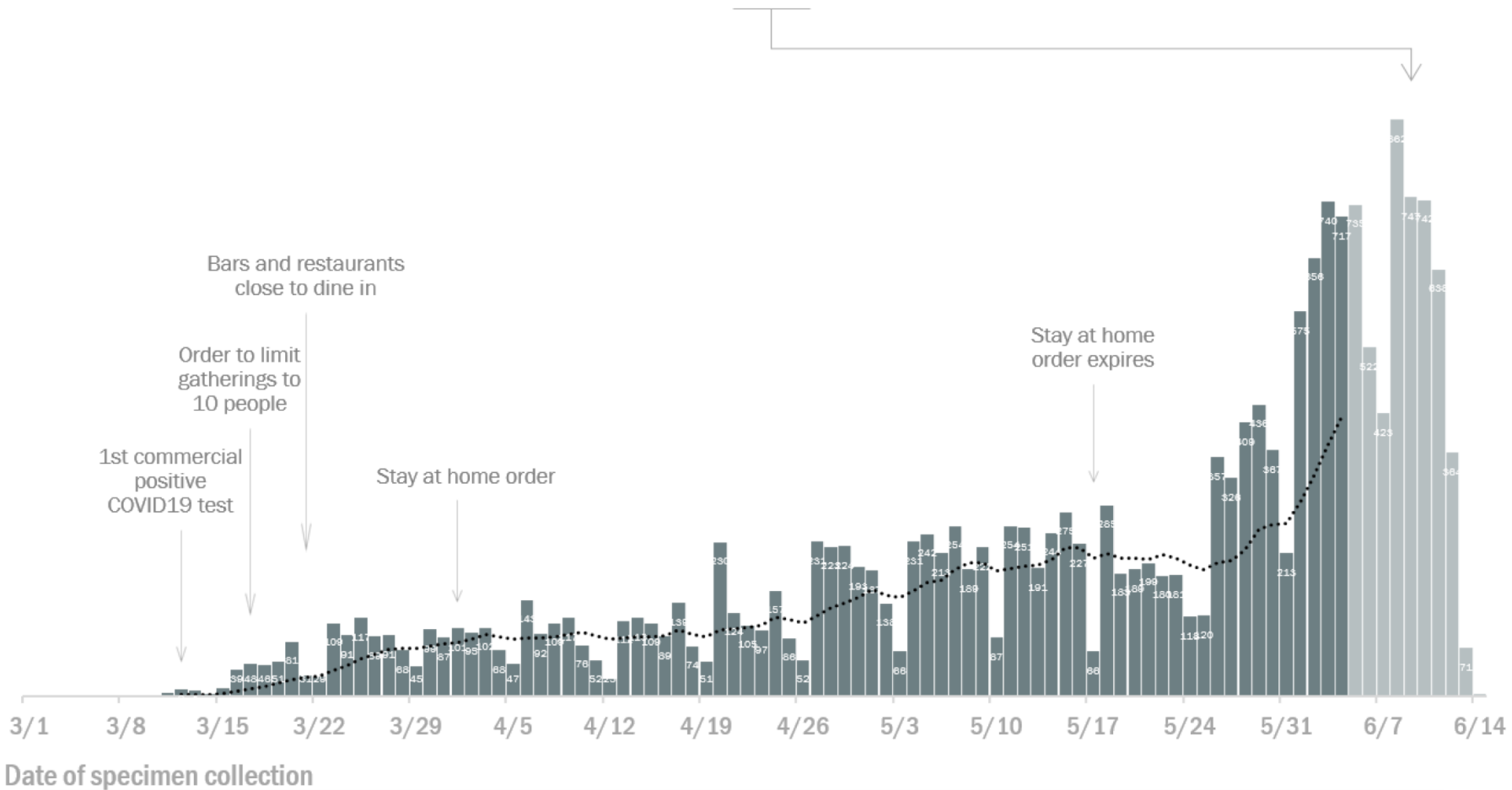
■ % of Visits with CLI from Emergency Department (ED)  
■ % of Visits with CLI from Inpatient





# Steep increase in cases late May – gray data not yet finalized due to 10 day lag time in reporting

This number is likely to increase as there is a 10 day reporting delay from when specimens were collected.

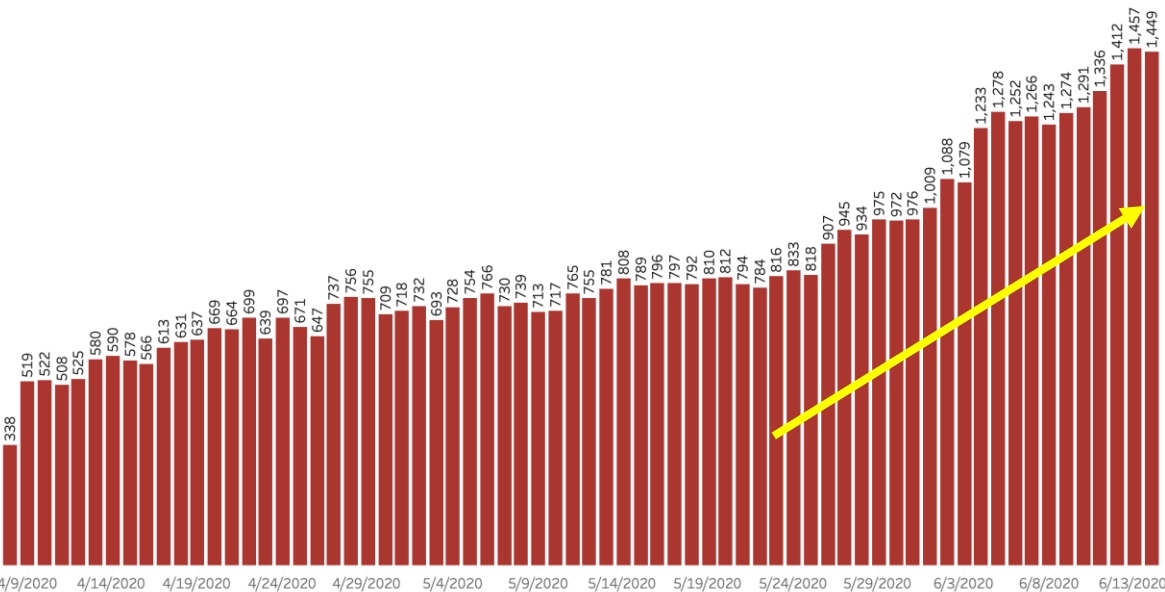


# Arizona COVID-19 Inpatients increasing – Maricopa County steady

## Arizona

Number of Positive or Suspected **Inpatient COVID-19 Patients**

Hover over the icon to get more information on the data in this dashboard.

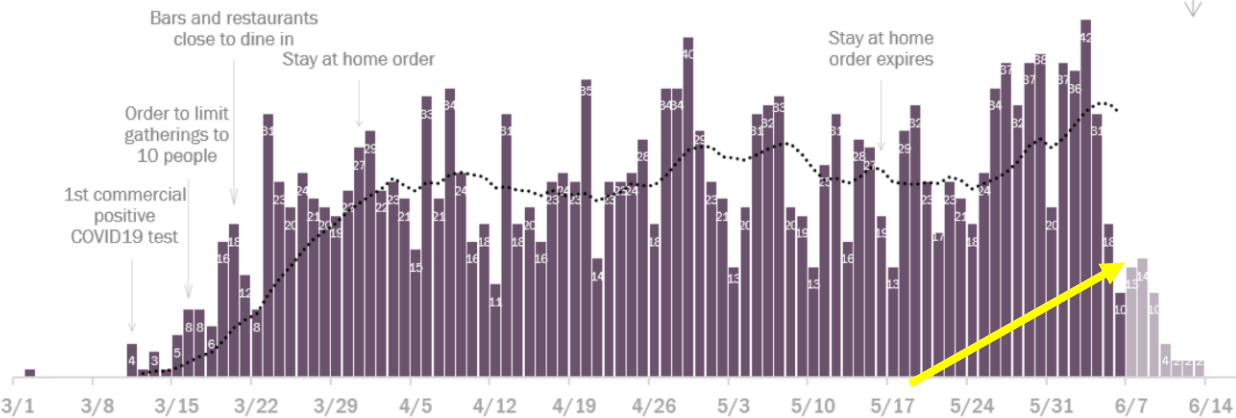


\*Hospitalization #s lag by about 2 weeks compared to case count, stay at home order expired mid-May and may affect these rates soon.

*\*Maricopa County hospitalizations do not include non-Maricopa residents*

## Maricopa County

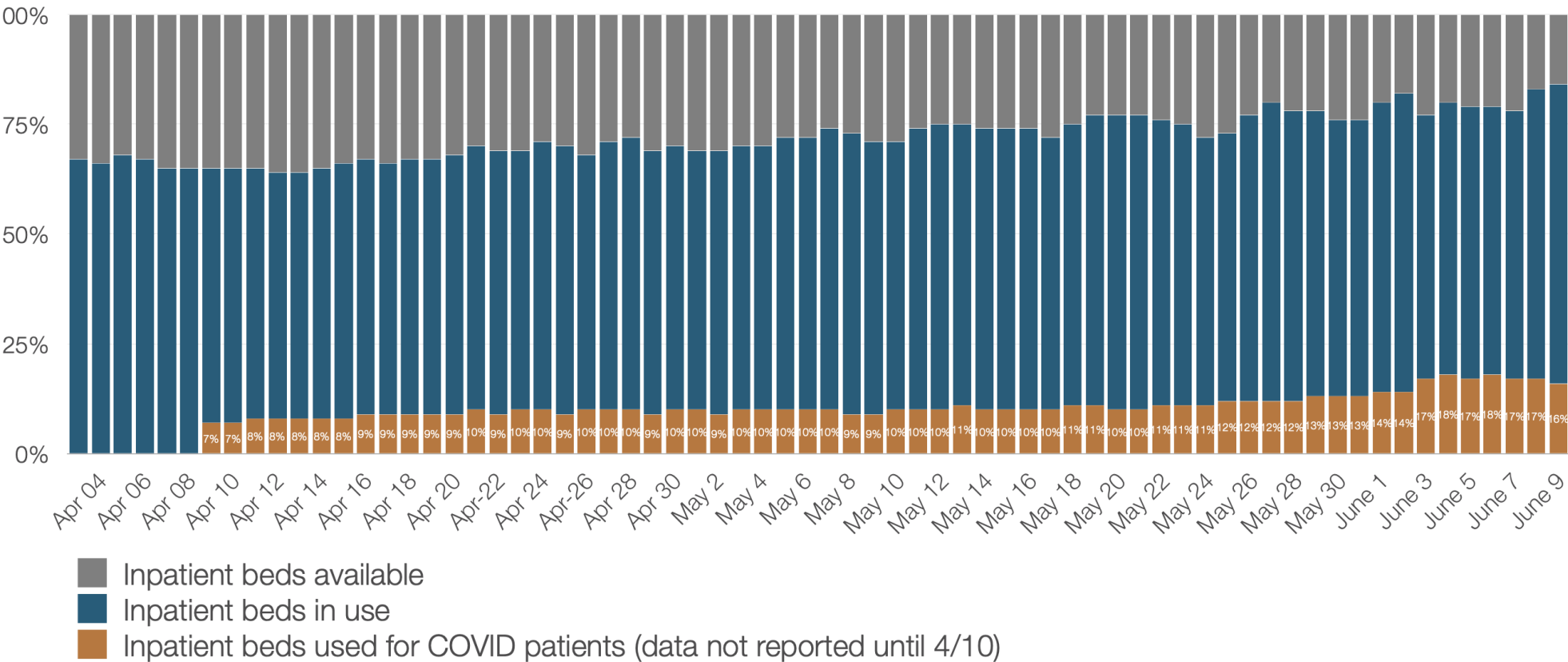
This number is likely to increase as there is a 10 day reporting delay from when specimens were collected.



# Hospital Capacity

## HOSPITAL BEDS FOR COVID-19

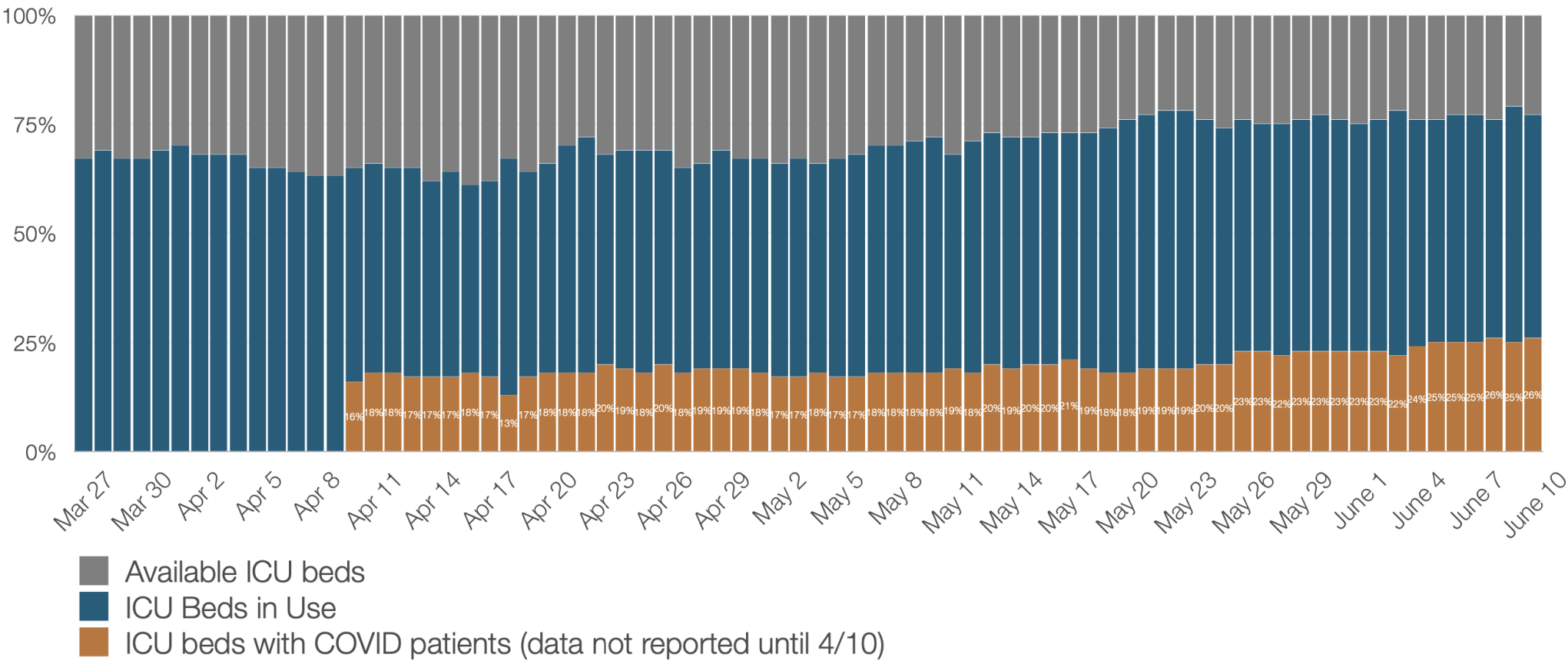
DOES NOT INCLUDE 2,600 ADDITIONAL SURGE BEDS



# ICU CAPACITY

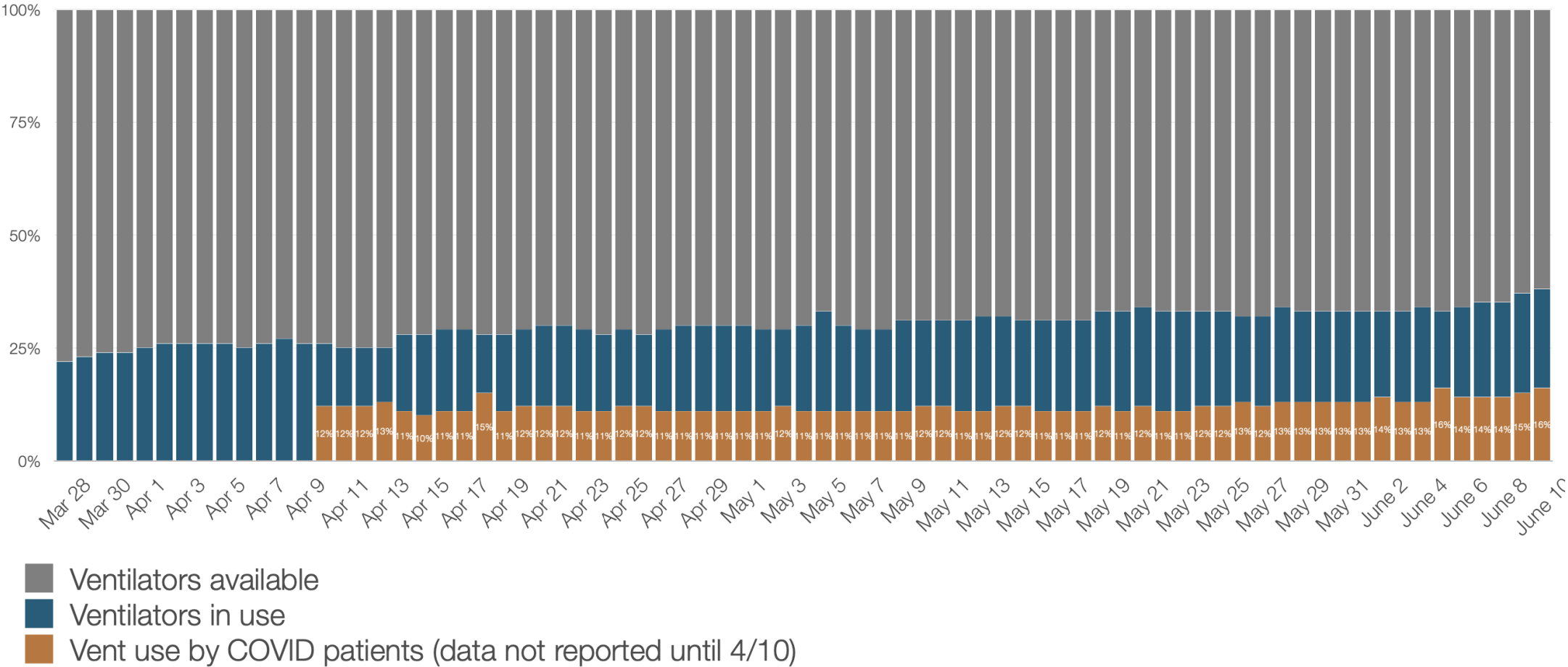
## INTENSIVE CARE UNIT HOSPITAL BEDS FOR COVID-19

DOES NOT INCLUDE 600 ADDITIONAL ICU SURGE BEDS



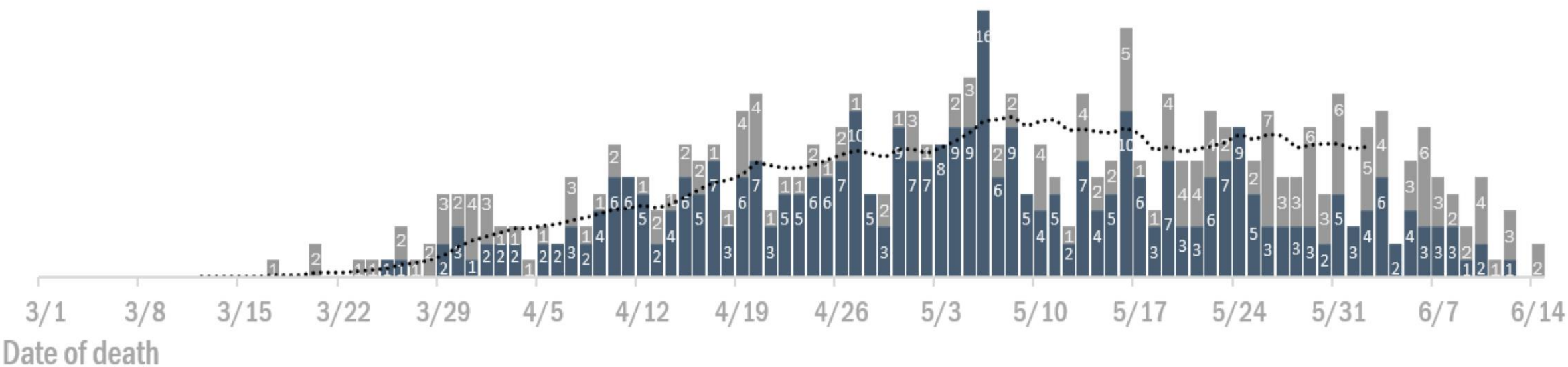
# ICU VENTILATOR CAPACITY

## VENTILATORS FOR COVID-19



# Maricopa County Deaths Mostly in LTCF

- Plateau phase; lags behind case count and hospital epi curves
- The majority of COVID-19 deaths in Maricopa County have occurred among long-term care facility residents

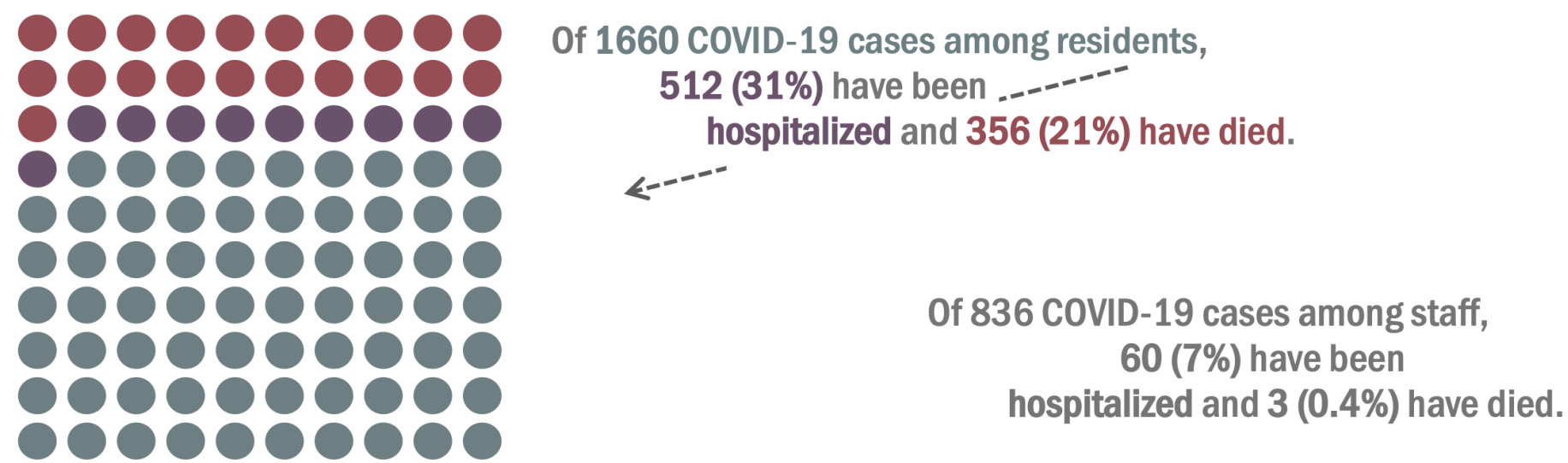


# COVID-19 in Long-term Care Facilities

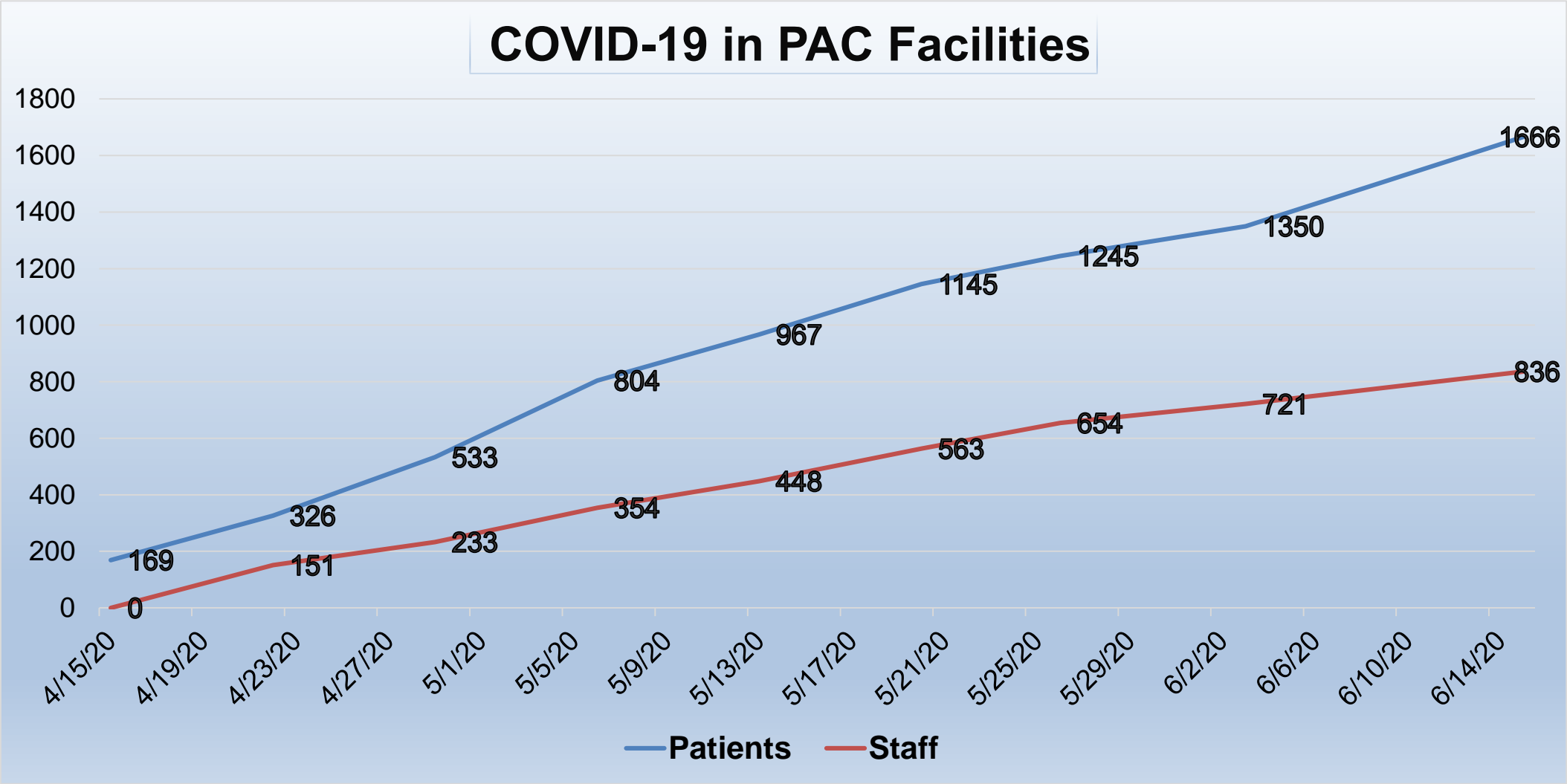
**273 long-term care facilities, assisted living facilities, and other congregate settings** have had at least one resident or staff with COVID-19.

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 highest 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*



# COVID-19 in Long-term Care Facilities





# CDC Eye Protection Updates

- Use of eye protection recommended for front line staff who:
  - Spend > 15 minutes within 6 feet of patients
  - Work in facilities located in areas with moderate to substantial community transmission (includes Maricopa County)
  - Includes seeing **asymptomatic patients**
- Includes goggles or face shields
- Have a sanitization process to reuse eye protection

## References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/eye-protection-for-preventing-transmission-of-respiratory-viral-infections-to-healthcare-workers/981DC5BCF9D986F35E485B2B07386586>

# CMS COVID-19 Data Reporting for Nursing Homes

Data.CMS.gov



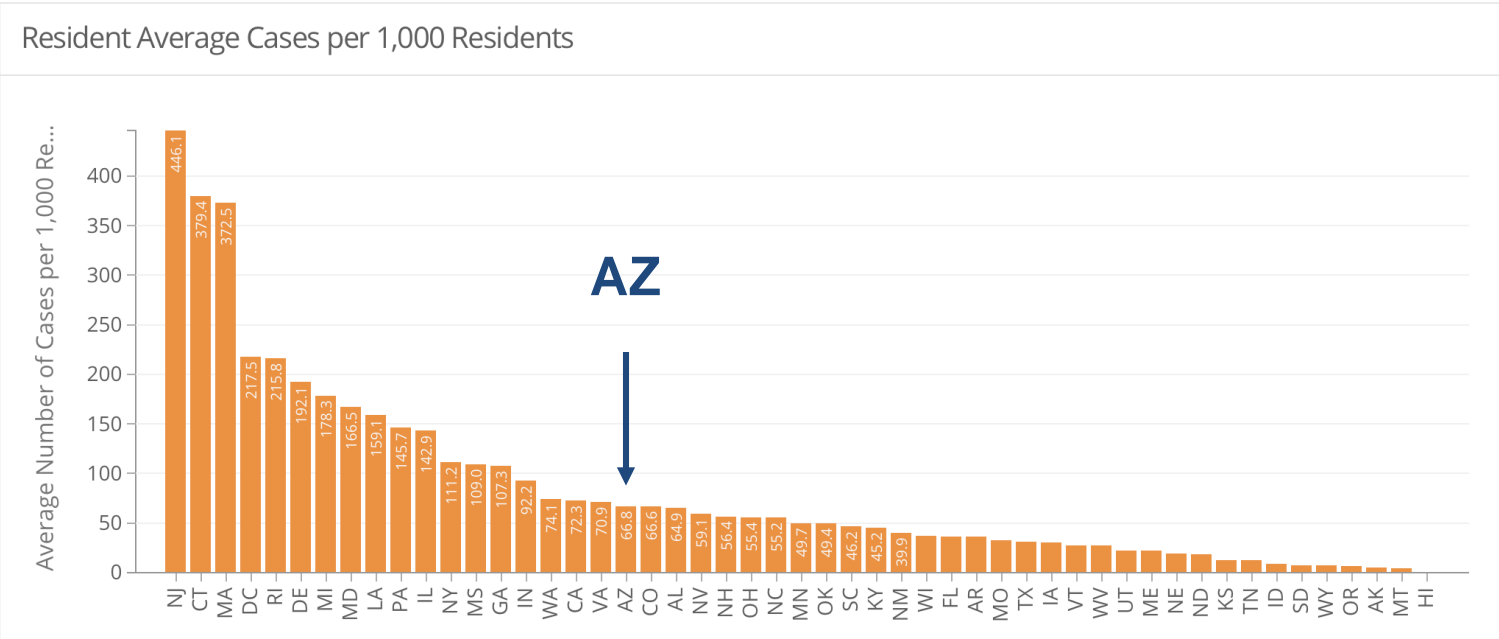
<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

# CMS COVID-19 Data Reporting for LTCF

Residents Cases and Deaths




## Resident Cases and Deaths per 1,000 Residents



## Access to COVID-19 data from Nursing Home Compare

### Spotlight

- NEW** Due to the COVID-19 pandemic, CMS announced changes to the inspection process on [March 4](#), and [March 23](#), including a new COVID-19 infection control survey. To view surveys conducted after these announcements, [click here](#).
- NEW** Nursing homes are now required to report information about how COVID-19 is impacting their residents. To view this data, [click here](#).
- Nursing Home Compare now provides alerts to consumers about abuse. Nursing homes that have been cited for potential issues related to abuse have the following icon next to their name:  More information about this, and what to do if you suspect abuse has occurred can be found [here](#).

# CMS Updates

- June 1st: President Trump Unveils Enhanced Enforcement Actions Based on Nursing Home COVID-19
  - Enhanced and targeted accountability measures are based on early trends in the most recent data regarding incidence of COVID-19
  - CMS is increasing enforcement (civil money penalties) for facilities with persistent infection control violations, and imposing enforcement actions on lower level infection control deficiencies
  - CMS will allocate the CARES Act funding based on performance-based metrics
  - States that have not completed 100 % of focused infection control surveys of their nursing home by July 31, 2020 will be required to submit a corrective action plan

# CMS Updates

- June 1st: President Trump Unveils Enhanced Enforcement Actions Based on Nursing Home COVID-19
  - States will be required to perform on-site surveys of nursing homes with previous COVID-19 outbreaks and will be required to perform on-site surveys (within three to five days of identification) of any nursing home with new COVID-19 suspected and confirmed cases
  - To help nursing homes implement infection control best practices, CMS will provide technical assistance through Quality Improvement Organizations
  - Refence:
    - <https://www.cms.gov/newsroom/press-releases/trump-administration-unveils-enhanced-enforcement-actions-based-nursing-home-covid-19-data-and>
    - <https://www.cms.gov/files/document/6120-letter-governors.pdf> (letter to the Governor)

# CMS Updates

- **June 4<sup>th</sup>: Nursing Home COVID-19 Data and Inspections Results Available on Nursing Home Compare**
  - Data released shows that as of May 31, 2020, about 13,600 nursing homes
  - Approximately 88 percent of the 15,400 Medicare and Medicaid nursing homes
  - These facilities reported over 95,000 confirmed COVID-19 cases and almost 32,000 deaths
  - CMS plans to update the data weekly

# CMS Updates

- June 9<sup>th</sup>: CMS released a guide for patients and beneficiaries as they consider their in-person care options
  - Ultimately, patients and providers will come together to make the right decision for each patient when addressing their healthcare needs
  - **Do Not Postpone Necessary Care**
  - **Is It Safe to Go to your Doctor or Hospital?**
  - **Consider Telehealth or Virtual Visits**
  - **What to Expect when you Seek Healthcare**
    - *Wear a face covering*
    - *Avoid crowded waiting areas*
    - *Limit visitors or people who go to your appointment with you*



# CMS Updates

- June 9<sup>th</sup>: CMS released a guide for patients and beneficiaries as they consider their in-person care options
  - **What to Expect when you Seek Healthcare**
    - *Screening before entering a facility*
    - *Wash your hands often*
  - **Vulnerable Populations: When Possible, Stay Home**
    - As much as possible, stay home, avoid crowds, and self-isolate.
    - High risk patients, including those with underlying chronic conditions (high blood pressure, diabetes, kidney disease, or those who are over 65 years of age, should consider staying home whenever possible)

Reference: <https://www.cms.gov/files/document/covid-what-patients-should-know-about-seeking-health-care.pdf>



# CDC Guidelines for COVID-19 - Symptoms

- Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:
  - Fever or chills
  - Shortness of breath
  - Muscle or body aches
  - New loss of taste or smell
  - Congestion or runny nose
  - Nausea or vomiting
- Cough
  - Fatigue
  - Headache
  - Sore throat
  - Diarrhea

## CDC Guidelines for COVID-19 - Seek Emergency Care

- If someone is showing any of these signs, **seek emergency medical care immediately**
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion
  - Inability to wake or stay awake
  - Bluish lips or face
- Anyone can have mild to severe symptoms.
- Older adults who have severe underlying medical conditions are at higher risk for developing more serious complications from COVID-19 illness.

# CDC Guidelines for COVID-19 – Memory Care Unit

- Patient care challenges in memory unit:
  - Residents can have a difficult time following recommended infection prevention practices (social distancing, washing their hands, avoiding touching their face, and wearing a cloth face covering for source control)
  - Changes to resident routines, disruptions in daily schedules, use of unfamiliar equipment, or working with unfamiliar caregivers can lead to fear and anxiety resulting in increased depression and behavioral changes such as agitation, aggression, or wandering.

# CDC Guidelines for COVID-19 – Memory Care Unit

- In addition to current Infection Prevention Control guidance for LTC, SNF and ALF providing memory care should consider the following:
  - Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing, and use of cloth face covering (if tolerated)
  - Dedicate personnel to work only on memory care units when possible and try to keep staffing consistent
  - Continue to provide structured activities, which may need to occur in the resident's room or be scheduled at staggered times throughout the day to maintain social distancing
  - Provide safe ways for residents to continue to be active

# CDC Guidelines for COVID-19 – Memory Care Unit

- In addition to current IPC guidance for LTC, SNF and ALF providing memory care should consider the following:
  - Limit the number of residents or space residents at least 6 feet apart as much as feasible
  - Frequently clean often-touched surfaces in the memory care unit, especially in hallways and common areas where residents and staff spend a lot of time.
  - Continue to ensure access to necessary medical care, and to emergency services if needed and if in alignment with resident goals of care

# CDC Guidelines for COVID-19 – Memory Care Unit

## Patients with suspected or confirmed to have COVID-19

- Implement universal eye protection, N-95 or other respirators or all personnel when on the unit
- Consider potential risks and benefits of moving residents out of the memory care unit to a [designated COVID-19 care unit](#).
  - Help to decrease the exposure risk of residents and HCP
  - Cause disorientation, anger, and agitation as well as increase risks for other safety
  - If patient is to remain on the unit, assign dedicated staff

# CDC Guidelines for COVID-19 – Memory Care Unit

## Patients with suspected or confirmed to have COVID-19

- If residents with COVID-19 is moved from the memory care unit
  - Provide information about the move to residents and be prepared to repeat that information
  - Prepare personnel on the receiving unit about the habits and schedule of the person
  - Move familiar objects into the space before introducing the new space to the resident

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>

# CDC COVID-19 testing guidelines for Nursing Homes

- Testing practices should aim for rapid turnaround times (less than 48 hours) in order to facilitate effective interventions
- Testing the same individual more than once in a 24-hour period is not recommended
- Antibody (serologic) test results should NOT be used as the sole basis to diagnose an active SARS-CoV-2 infection and should not be used to inform IPC action
  - Guidelines can be applied to ALF, intermediate care facilities for individuals with intellectual disabilities, institutions for mental disease, and psychiatric residential treatment facilities



# CDC COVID-19 testing guidelines for Nursing Homes

## Healthcare Personnel:

- At the start of each shift, take the temperature of all HCP and ask about the presence of COVID-19 symptoms
- Perform initial viral testing of all HCP, along with weekly viral testing thereafter, as part of the recommended reopening process
- Facilities should have a plan for testing (including access to testing with a rapid turnaround time) and responding to results (e.g., mitigating staff shortages)
- HCP who test positive for SARS-CoV-2 should be excluded from work until they meet return to work criteria

# CDC COVID-19 testing guidelines for Nursing Homes

## Viral Testing of Residents for SARS-CoV-2

- Perform initial viral testing of each resident in a nursing home
- Initial viral testing of each resident in any nursing home (who are not known to have previously been diagnosed with COVID-19) is recommended:
  - high likelihood of exposure during a pandemic
  - transmissibility of SARS-CoV-2
  - risk of complications among residents following infection
- At least daily, take the temperature of all residents and ask them about presence of COVID-19 symptoms; perform viral testing of any residents who have signs or symptoms of COVID-19

# CDC COVID-19 testing guidelines for Nursing Homes

## Initial Viral Testing in Response to an Outbreak

- Perform expanded viral testing of **ALL** residents and HCP in the nursing home if there is an outbreak in the facility
- A single new case of SARS-CoV-2 infection in any HCP or in a resident should be considered an outbreak
- Performing viral testing of all residents and HCP as soon as there is a new confirmed case in the facility will identify infected individuals quickly to assist in their clinical management and allow rapid implementation of IPC interventions
- If viral testing capacity is limited, CDC suggests first directing testing to residents and HCP who are close contacts

# CDC COVID-19 testing guidelines for Nursing Homes

## Repeat Viral Testing in Response to an Outbreak

- After initially performing viral testing of all residents and HCP in response to a new case, CDC recommends repeat testing to ensure there are no new infections among residents and HCP
- Immediately perform viral testing of any resident or HCP who subsequently develops Si/Sx consistent with COVID-19
- Continue repeat viral testing of all previously negative residents and HCP generally between every 3 days to 7 days until the testing identifies NO new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days

# Post-Acute Toolkit / HonorHealth updates

- Will be available on Post-Acute Communications Website
  - HonorHealth Resource Page
  - Specific CDC Guidelines for PPE
  - Retirement Communities and Independent Living Facilities Guidance
  - Information on Advanced Care Planning & Advanced Directives
  - United TeleHealth Corporation Information
  - Dispatch Health Information
  - Palliative Care Resources
  - Resources for PPE Supply

<https://innovationcarepartners.com/postacutecommunications>

# Post-Acute Toolkit / HonorHealth updates

- HonorHealth will be reaching out to PAC facilities with increased COVID-19 infections
  - Provide assistance to the facility
  - Ensure facility can handle increase number of infected patients
  - Discuss possibility of transferring infected patients to COVID-19 dedicated facility
  - Have available PAC toolkit as a reference

# Guest Speaker : Advanced Care Planning

**Cameron Svendsen**  
Chief Strategy Officer



- How to initiate the conversation on Advanced Care Planning during pandemic
- Importance of having these conversations during pandemic
- Resources for Advanced Care Planning
- Defining Advanced Directives

# Advanced Care Planning Resource

Respecting Choices®  
PERSON-CENTERED CARE

NEWSLETTER SIGNUP

FIRST NAME

LAST NAME

EMAIL

GO



DONATE

COVID-19 Resources

How Can We Help You?

Programs and Services

Curriculum and Certification

Research and Reports

Online Store

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Resources for having Proactive Planning Conversations in the context of COVID-19.

Name	Description	For Use By	End-recipient
<a href="#">Proactive Care Planning for COVID-19</a>	Conversation guide to print and use when having an ACP conversation with a patient.	Any clinician having ACP Conversations	Patient
<a href="#">Proactive Care Planning with HC Agents for COVID-19</a>	Conversation guide to print and use when having an ACP conversation with the healthcare agent of a non-decisional patient.	Any clinician having ACP Conversations	Healthcare Agent
<a href="#">Medical Priorities and Treatment Options</a>	1-page document patient/agent to read along during the conversation. <i>For Use in Conversation Only</i>	Any clinician having ACP Conversations	Patient or Healthcare Agent
<a href="#">Scheduling Proactive Care Planning for COVID-19</a>	Abbreviated 2-page document for use by any team members to call and schedule time a for clinician to have conversation with an individual.	Any staff proactively contacting individuals to schedule conversations	Patient
<a href="#">Scheduling HC Agents to Proactive Care Planning for COVID-19</a>	Abbreviated 2-page document for use by any team member to call and schedule time for clinician to have conversation with the Healthcare Agent of individual	Any member of teams who are proactively contacting Healthcare Agent of high-risk individuals to have ACP conversations	Healthcare Agent
<a href="#">Recorded Webinar: How to have a proactive care planning conversation.</a>	26-minute <b>video</b> walks through the use of the Proactive Care Planning for COVID-19 conversation guide and tools in this section.	Clinicians who will facilitate ACP conversations	Clinicians

Tools to support specific treatment decisions for individuals with serious illness.

Translate

<https://respectingchoices.org/>



# Upcoming Broadcasts

- ICP/HH will continue to do broadcasts every other week
- Next broadcast will be July 1<sup>st</sup>, 2020 at 2PM-3PM
- Invites will be sent out for the next 3 broadcasts

## 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](mailto:elucero@icphealth.com)