

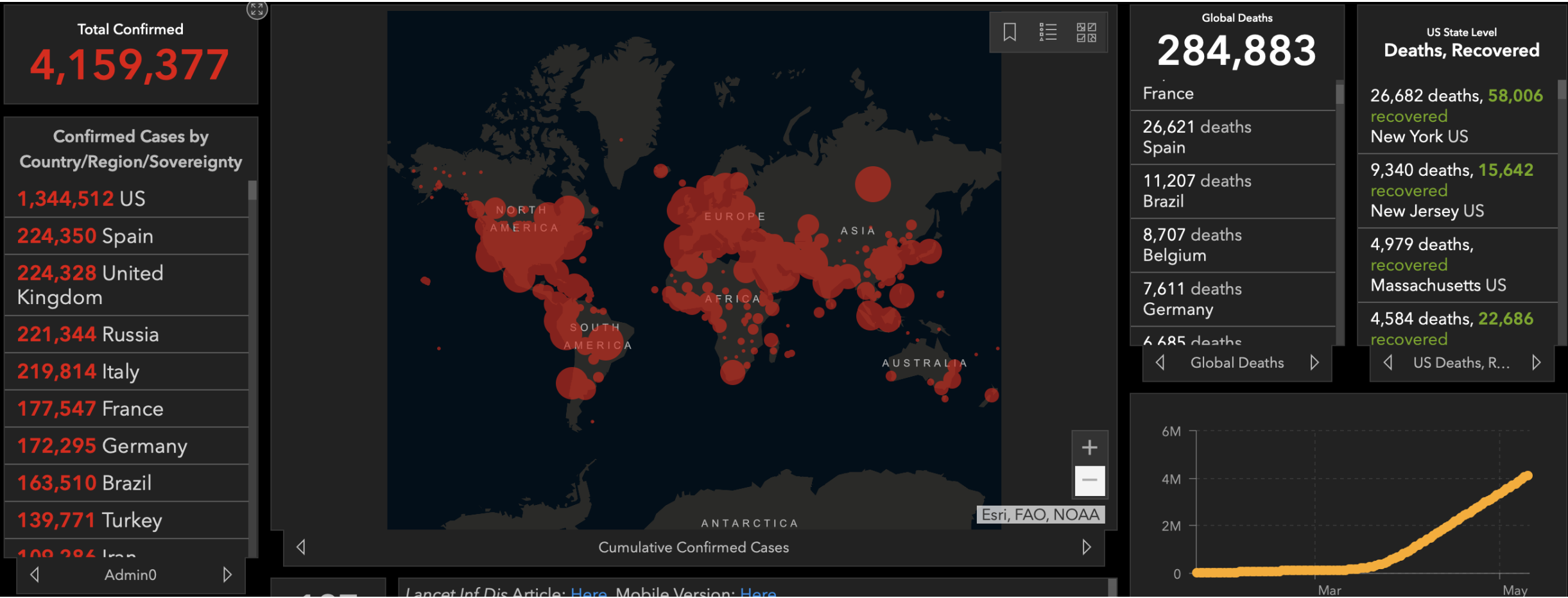
Preferred Provider Network Weekly Broadcast

- COVID-19 Weekly Update
- May 13, 2020

Agenda

- COVID-19 updates
- CDC guideline updates
- CMS updates
- HonorHealth updated
 - Surgeons requests of the PAC facilities
 - Covid-19 testing in ER
- Hospice Guest speakers

Johns Hopkins tracker – link on ICP site

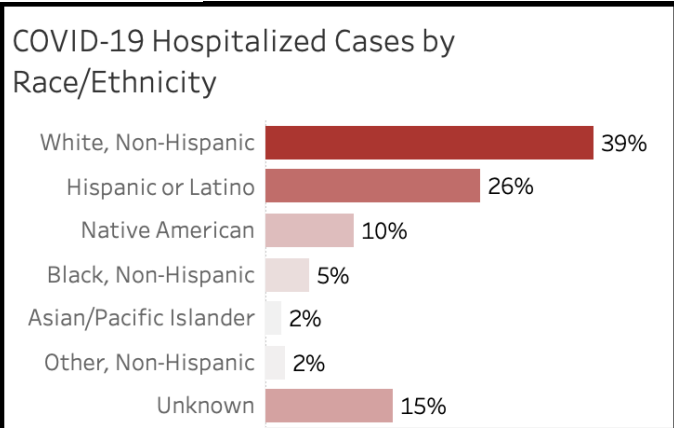
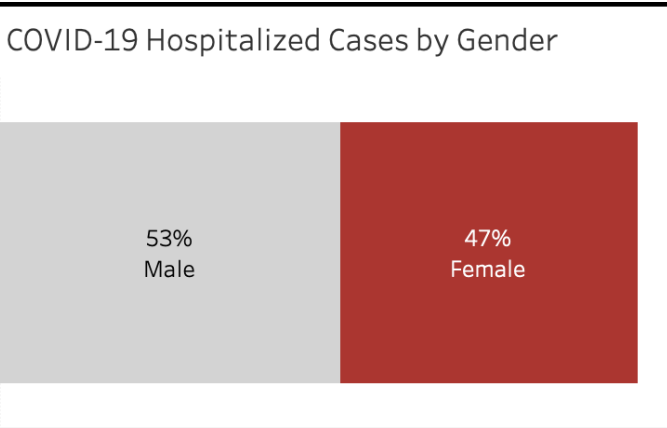
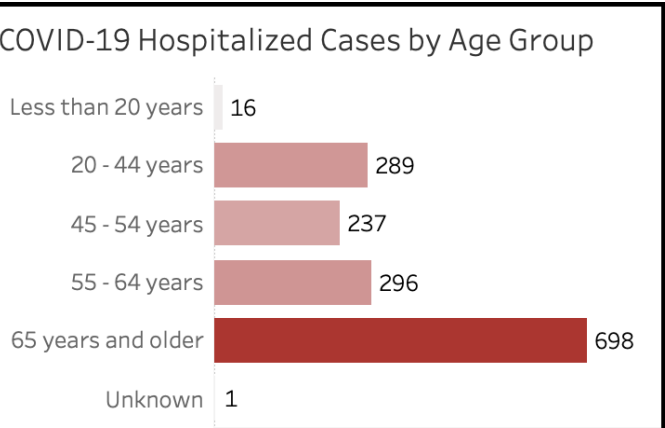
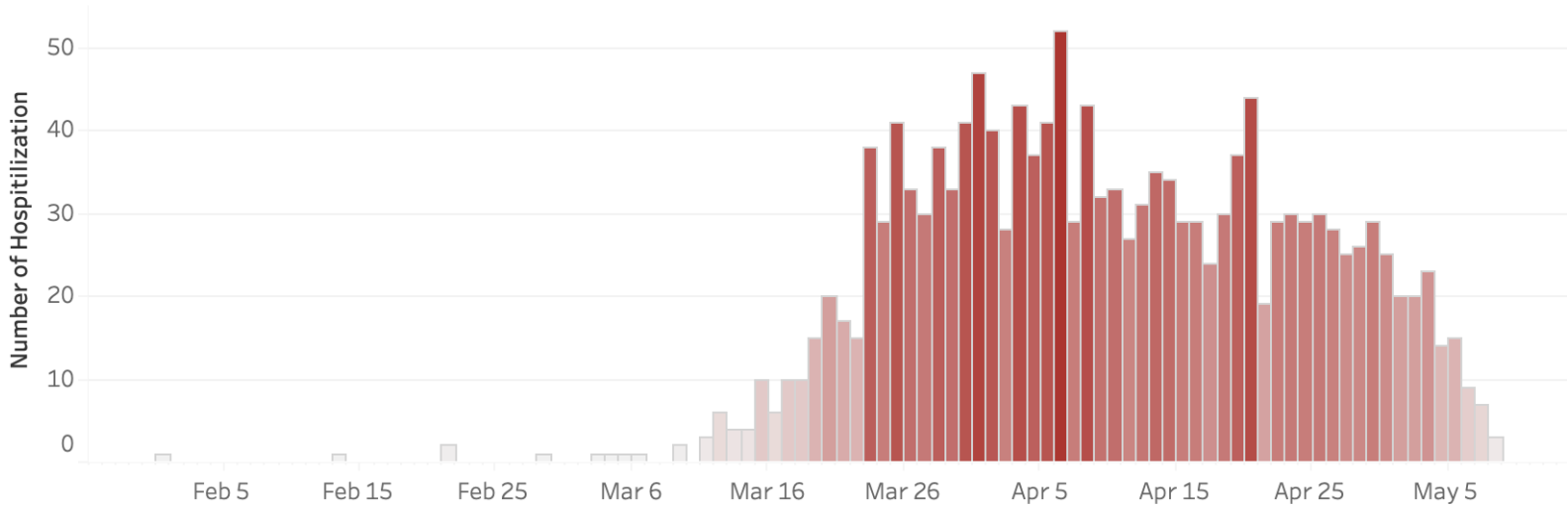


Johns Hopkins tracker – link on ICP site



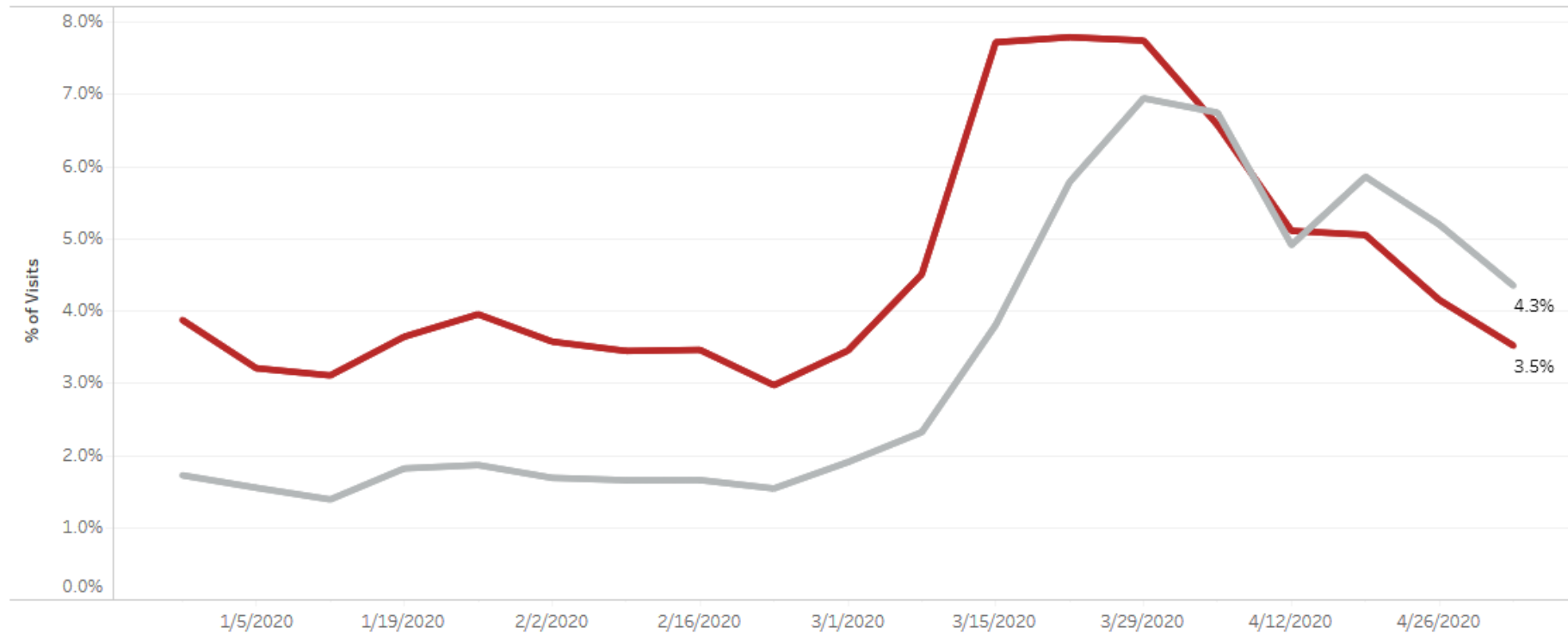
Arizona COVID-19

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

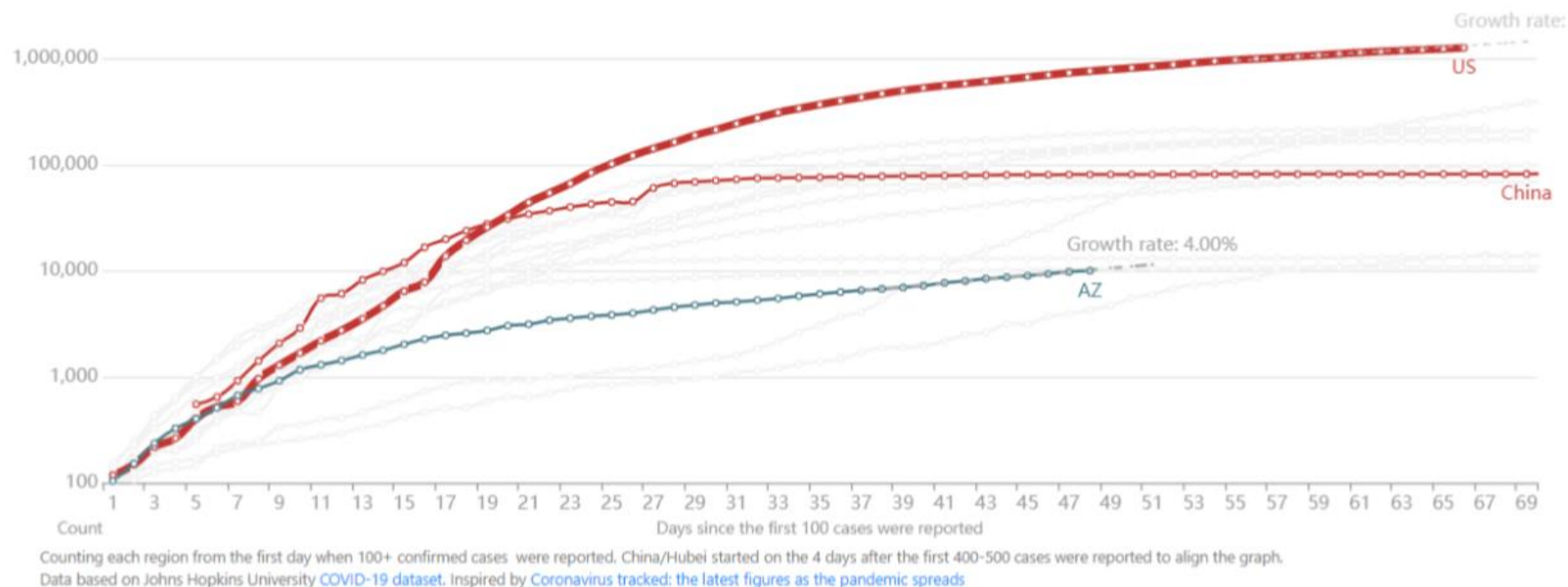


COVID-Like Illness in Arizona trending down (through 5/3/2020)

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



AZ growth slowing at 4% (US is at 2%)



Summary

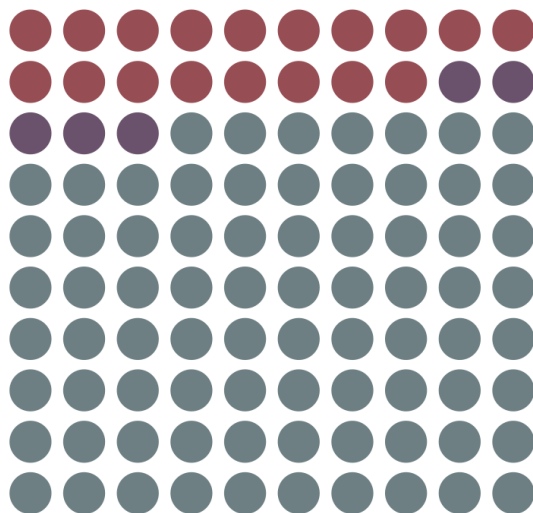
- Clinical Leading indicators are trending down or staying near baseline low levels.
- Social distancing has decreased some with more non-essential travel
- HonorHealth trends show inpatient, ICU & vent use rising slightly this week vs last week.
- Arizona case curve growth rate remains at 4%
- Arizona ICU Census is Gradually Increasing vs 1 Month Ago but Stable Over Last 2 weeks

COVID-19 in Long-term Care Facilities

135 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, and hospice facilities) 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



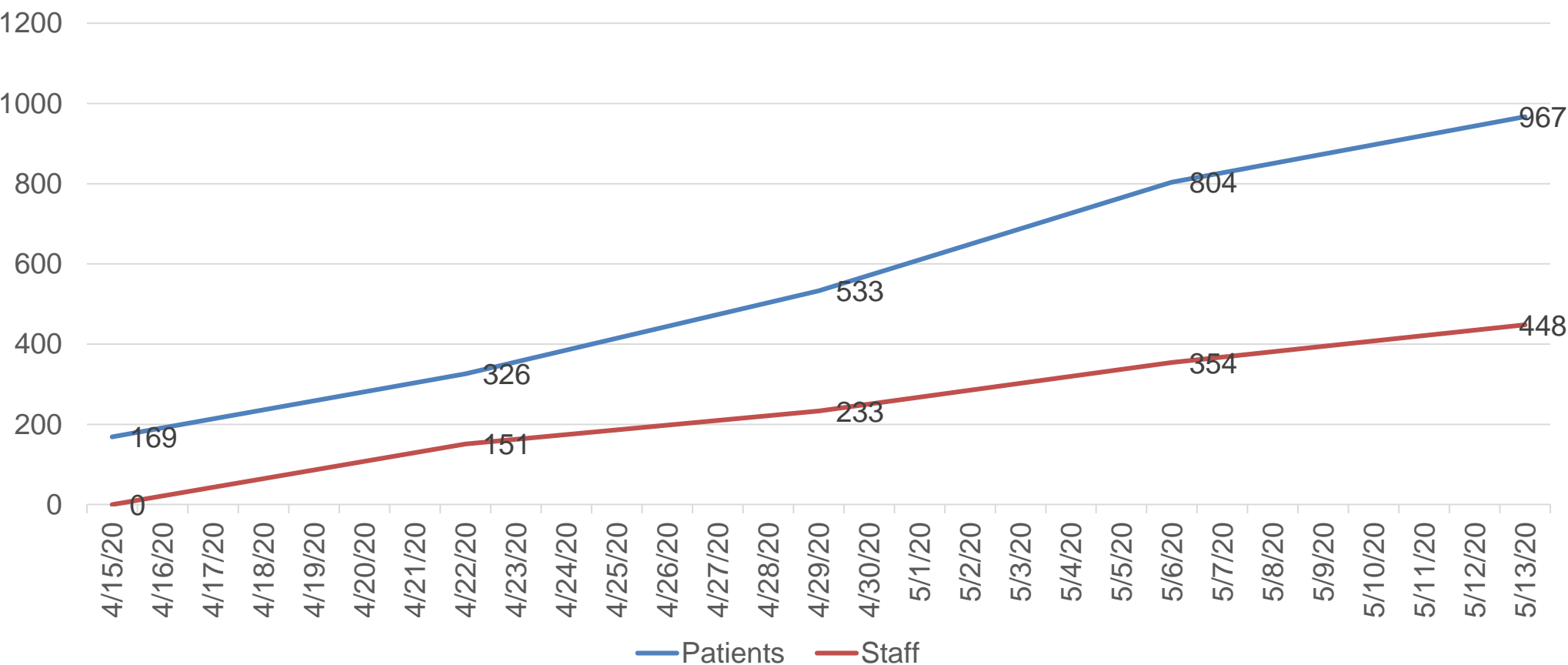
Of 967 COVID-19 cases among residents,
221 (23%) have been
hospitalized and **170 (18%) have died.**



Of 448 COVID-19 cases among staff,
24 (5%) have been
hospitalized and 2 (0.4%) has died.

COVID-19 in Long-term Care Facilities

COVID-19 in PAC Facilities



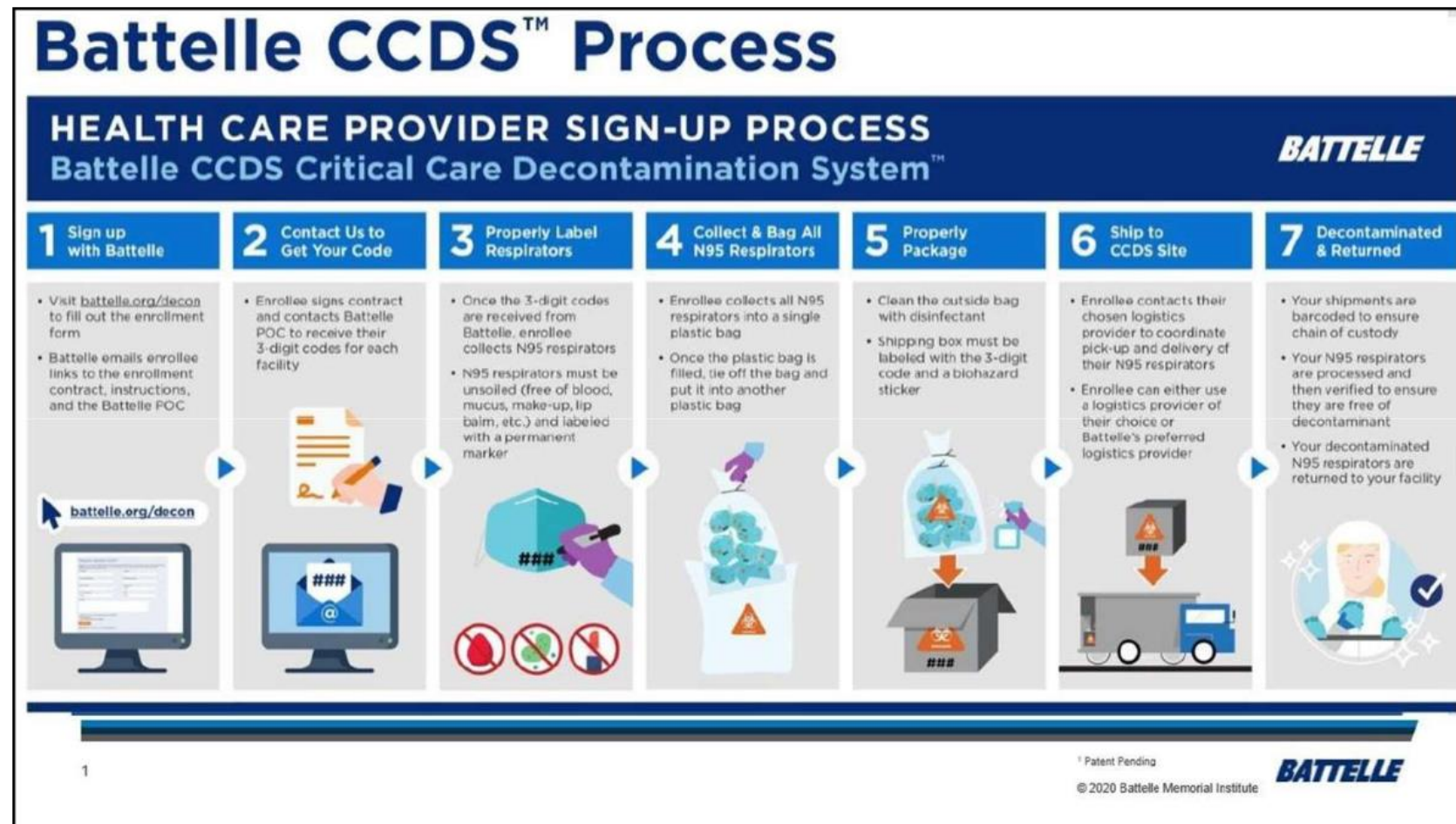
Update: Case Definition

- AZ reporting
 - Includes Confirmed and Probable
 - Will see rapid increase in cases due to new definition
- New state-wide case definition based on the CSTE interim case definition
- **Confirmed** = detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification test
- **Probable** =
 - Clinical criteria + epi-link to a confirmed or probable case (>10 min within 6 ft if non-HCW, or >2 min within 6ft if HCW)
 - Positive serology or antigen test + clinical criteria or epi-link to a confirmed or probable case

Update: Case Definition and Case Counts

- MCDPH will be reporting confirmed and probable cases in the daily case counts starting on 5/6
 - An expanded case definition = increase in case count
 - Continuing to follow the hospitalization epi curve for the most accurate picture of what is happening in the county
- People with positive serology tests (IgM, combined with IgM/IgG, and IgG) will receive an automated call with information about the recommended isolation period (if non-HCW) and additional guidance
- Will be similar to ADHS counts

Free Decontamination of PPE



Battelle Critical Care Decontamination System

- Battelle CCDS is designed to decontaminate N95 respirators
 - Tens of thousands per day
 - Free
- Battelle uses low concentration, vapor-phase hydrogen peroxide to decontaminate
- Allows safe reuse of the same N95 up to 10 times without degrade performance
- Cannot decontaminate if blood, “gunk”, or make-up on mask
- Register at battelle.org/decon
- **N95 or N95-equivalent respirators**

CMS Update – LTCF COVID-19 Mandatory Reporting

- CDC's National Healthcare Safety Network (NHSN) is the nation's most widely used healthcare-associated infection tracking system
- The NHSN Long-Term Care Facility COVID-19 Module now is available for mandatory reporting
 - <https://www.cdc.gov/nhsn/>
 - <https://www.cdc.gov/nhsn/pdfs/covid19/ltnf/covid19-enrollment-508.pdf>
- Step 1: Prepare your computer to interact with NHSN
- Step 2A – Register Facility with NHSN

CMS Update – LTCF COVID-19 Mandatory Reporting

- Step 2B – Register with SAMS (Security Access Management System)
- Step 3 – Complete NHSN Enrollment
- Step 4 – Electronically Accept the NHSN Agreement to Participate and Consent
- It is critical for facilities to ensure their CMS Certification Number (CCN) is entered correctly into the NHSN system, so CMS can confirm the facility has met the reporting requirement.

CMS Update – LTCF COVID-19 Mandatory Reporting

- Facilities must submit their first set of data by 11:59 p.m. Sunday, May 17, 2020.
- For the first time, all 15,000 nursing homes will be reporting this data directly to the CDC through its reporting tool
- To be compliant with the new requirement, facilities must submit the data through the NHSN reporting system at least once every seven days
- Tracking this information allows facilities to identify problems, improve care, and determine progress toward facility and national healthcare-associated infection goals

CMS Update – LTCF COVID-19 Mandatory Reporting

- COVID-19 Module for LTCFs consists of four pathways within NHSN's Long-term Care Facility:



Resident Impact and Facility Capacity



Staff and Personnel Impact



Supplies and Personal Protective Equipment



Ventilator Capacity and Supplies

CMS Update – LTCF COVID-19 Mandatory Reporting

- **Data Reporting Status:** 43 states are reporting COVID-19 data in long-term care facilities
- **Cases in long-term care facilities:** 127,693 (in 37 states)
- **Deaths in long-term care facilities:** 24,869 (in 33 states)
- **Long-term care facilities as a share of total state cases:** 15% (across 37 states)
- **Long-term care facility deaths as a share of total state deaths:** 38% (across 33 states)

(Data updated on May 7th, source KFF.org)

CMS Update – Appointed Independent Commission

- Address Safety and Quality in Nursing Homes
- Conduct a comprehensive assessment of the nursing home response to the COVID-19 pandemic
- Develop recommendations on three key tasks:
 - Putting nursing home residents first by ensuring they are protected from COVID-19 and improving the responsiveness of care delivery to maximize the quality of life for residents
 - Strengthening efforts to enable rapid and effective identification and mitigation of COVID-19 transmission
 - Enhancing strategies to improve compliance with infection control policies in response to COVID-19

MCDPH Guidance for Isolation

- If a patient is **symptomatic and has a positive PCR or serology**, the patient should be isolated until:
 - At least 10 days have passed since symptoms first appeared; -AND-
 - At least 3 days (72 hours) have passed since resolution of fever (including fever, chills, rigors, and body/muscle aches) without the use of fever-reducing medications AND improvement in respiratory symptoms (including cough, shortness of breath/difficulty breathing, sore throat, and loss of taste or smell).

MCDPH Guidance for Isolation

- If a patient is **symptomatic and has a negative PCR or serology**, the patient should be isolated until:
 - At least 3 days (72 hours) have passed since resolution of fever (including fever, chills, rigors, and body/muscle aches) without the use of fever-reducing medications AND
 - Improvement in respiratory symptoms (including cough, shortness of breath/difficulty breathing, sore throat, and loss of taste or smell).

MCDPH Guidance for Isolation

- If a patient is **asymptomatic and has a positive PCR test**, the patient should be isolated until:
 - At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not developed symptoms since that test
- If a patient is **asymptomatic and has a positive serology test**:
 - Encourage the patient to obtain a PCR-based test AND use a cloth face covering while outside your home for at least 10 days after the test specimen was collected.

MCDPH Guidance for Isolation

- If a patient is **asymptomatic and has a positive serology test**:
 - If the patient is a healthcare worker or first responder, they should wear a surgical face mask while working for 10 days after the test specimen was collected.
- If a patient is **asymptomatic and has a negative PCR or serology**: No isolation

MCDPH Guidance for Isolation

	Symptomatic		Asymptomatic	
	Positive	Negative	Positive	Negative
PCR	Isolation*	Isolation**	Isolation*	No isolation
Serology (without reflex to PCR)	Isolation*	Isolation**	Enhanced precautions†	No isolation
Serology reflexed to PCR	Isolation*	Isolation**	Isolation*	No isolation

*10 days since symptoms appeared AND at least 3 days (72 h) since resolution of fever (fever, chills, rigors, myalgias) without use of meds and improvement in respiratory symptoms

**Stay at home/isolation until at least 3 days (72 h) since resolution of fever (fever, chills, rigors, myalgias) without use of fever reducing medications AND improvement in respiratory symptoms

† Consider getting PCR test to determine if currently infected or previously exposed. Use a cloth face covering while outside the home for at least 10 days after the COVID-19 test collected and take everyday precautions to prevent spread. HCWs to wear a surgical mask while providing care for 10 days after COVID-19 test specimen collected.

HonorHealth Updates

- HonorHealth request resuming elective surgeries beginning 5/1/2020
- Perioperative Committee will prioritize elective, nonessential surgeries based upon urgency
- Surgeons and proceduralists to review cases that have been postponed
- Anticipate increased volume in the hospital and potentially in PAC facilities

HonorHealth Updates

- Surgeons and proceduralists would like to have assurance PAC facilities are able to take on patients
- Ensure PAC facilities are following current guidelines, PPE to handle patients from the hospital
- ICP could call SNFs and ask questions
- Request surgeons and proceduralists are able to see patients via Telehealth

HonorHealth Updates

- PAC facilities request COVID-19 testing during ER visit
- HonorHealth agreed to test patients for COVID-19 while in ER
 - Good partner to PAC facilities (not a required by Governors Orders)
 - Testing turn around time of 2-3 days
 - Facility can check on results via CareLink or wait for hospital to contact
 - Patient will be sent back to facility with pending COVID-19 test result

Hospice Guest Speakers:

Cameron Svendsen, LCSW, MSW
Chief Strategy Officer



Tiffany Gates RN-BSN, BS, MBA
Executive Director



1. Tell us about yourself, your organization, and role in the community.
2. How has COVID-19 effected your work flow with patients?
3. How is your palliative care program working with COVID patients ?
4. Have you seen an increase in referrals during this time?
5. Have you encountered any barriers to care during this pandemic?
6. What is your PPE conservation plan and usage?
7. Have you implemented any new technology during this time?
8. Current protocol of seeing new patients discharged from hospital or new patients from the community?
9. Process for screening employees for symptoms & Process for staff who have tested positive
10. Any plans for potential staffing shortage?
11. Do you have any staff expressing fears about caring for patient ?
12. Specific bereavement support for those who lost loved ones to COVID-19?
13. Please explain how you have navigated IP Hospice beds during this time.

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:
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Network Coordinator
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