COVID-19 Outbreak Pre-Planning and Management for Long-Term Care & Post-Acute Care Facilities

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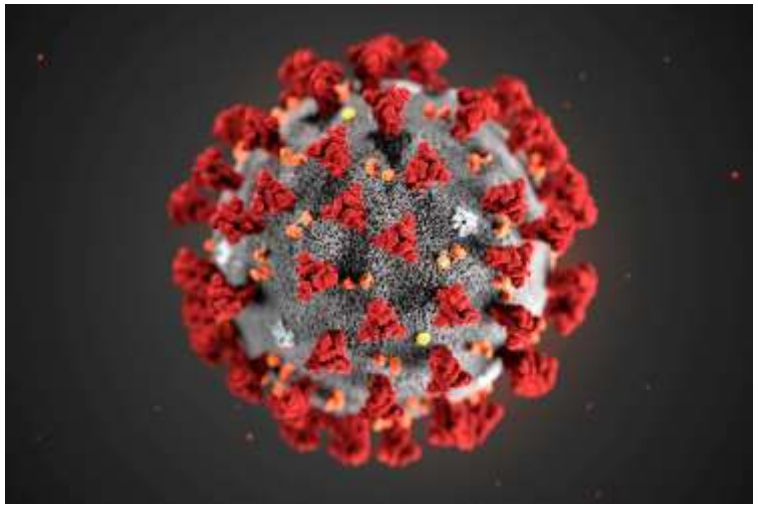
ODH COVID-19 Zone 1 Co-Clinical Lead

Objectives:

1) Review the impact of COVID-19 on nursing homes in NE Ohio and the establishment of a Zone/Region coalition strategy by the ODH to better engage and respond to needs in high-risk congregate settings.

2) Overview of the University Hospitals “Playbook” resource manual that serves as a guide to COVID-19 outbreak pre-planning and management for Long-Term Care and Post-Acute Care facilities.

3) Introduction to the University Hospitals “Intercept” strategy for providing support to congregate facilities during the COVID-19 pandemic in three phases: pre-planning, outbreak management, and recovery.



Ohio C19 Zone/Region Map

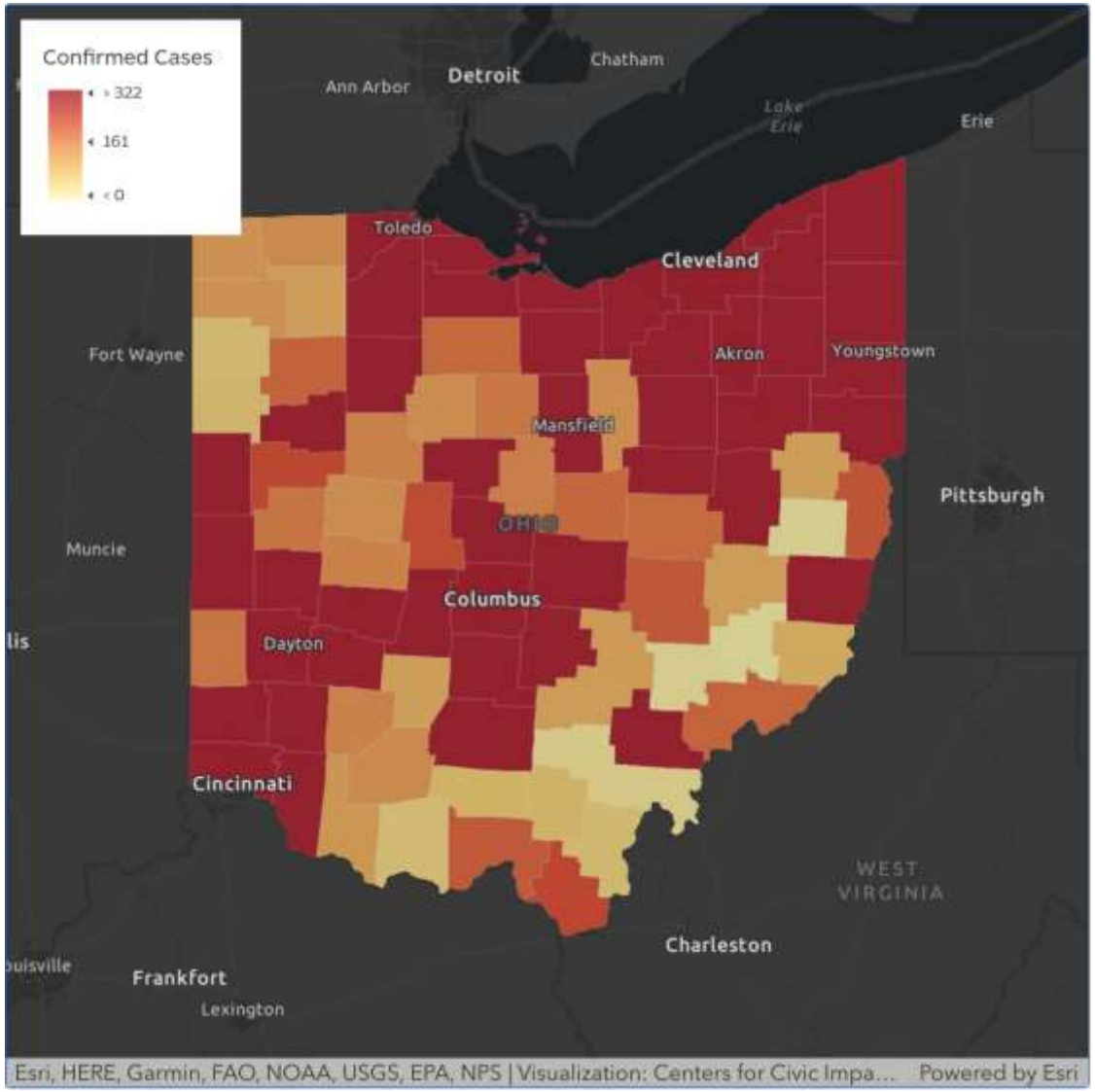
Zones & Regions:

- Zone 1 = Regions 1, 2, 5
- Zone 2 = Regions 4, 7, 8
- Zone 3 = Regions 3, 6

Zone 1 Roles:

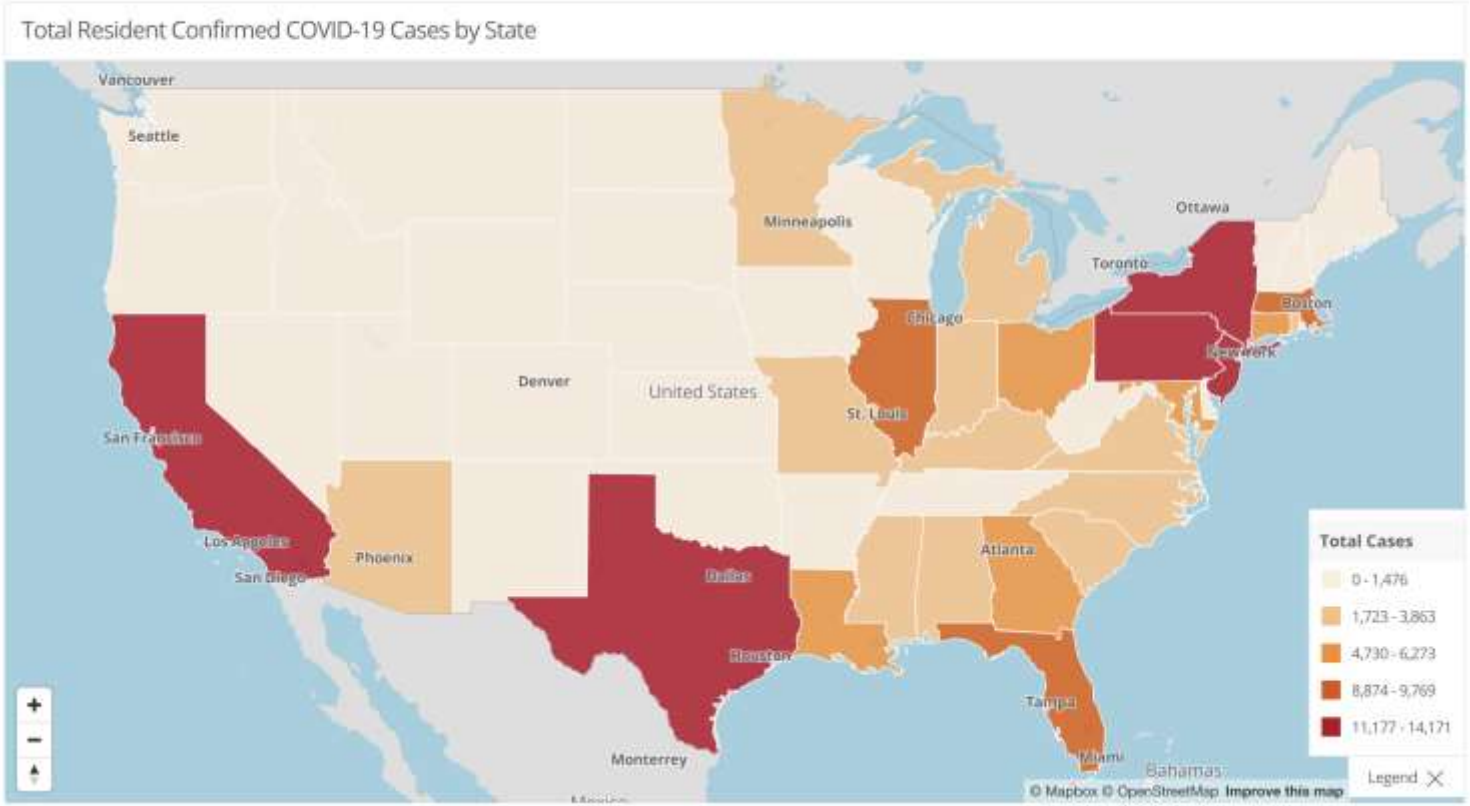
- UH Hospital Incident Command System Lead for Congregate Care Settings
- ODH Co-clinical lead with Dr. Alice Kim
- Zone clinical advisor to ODH
- Health Care Isolation Center application, approval & implementation process

Source: Johns Hopkins University & Medicine; https://coronavirus.jhu.edu/map.html accessed August 8, 2020.



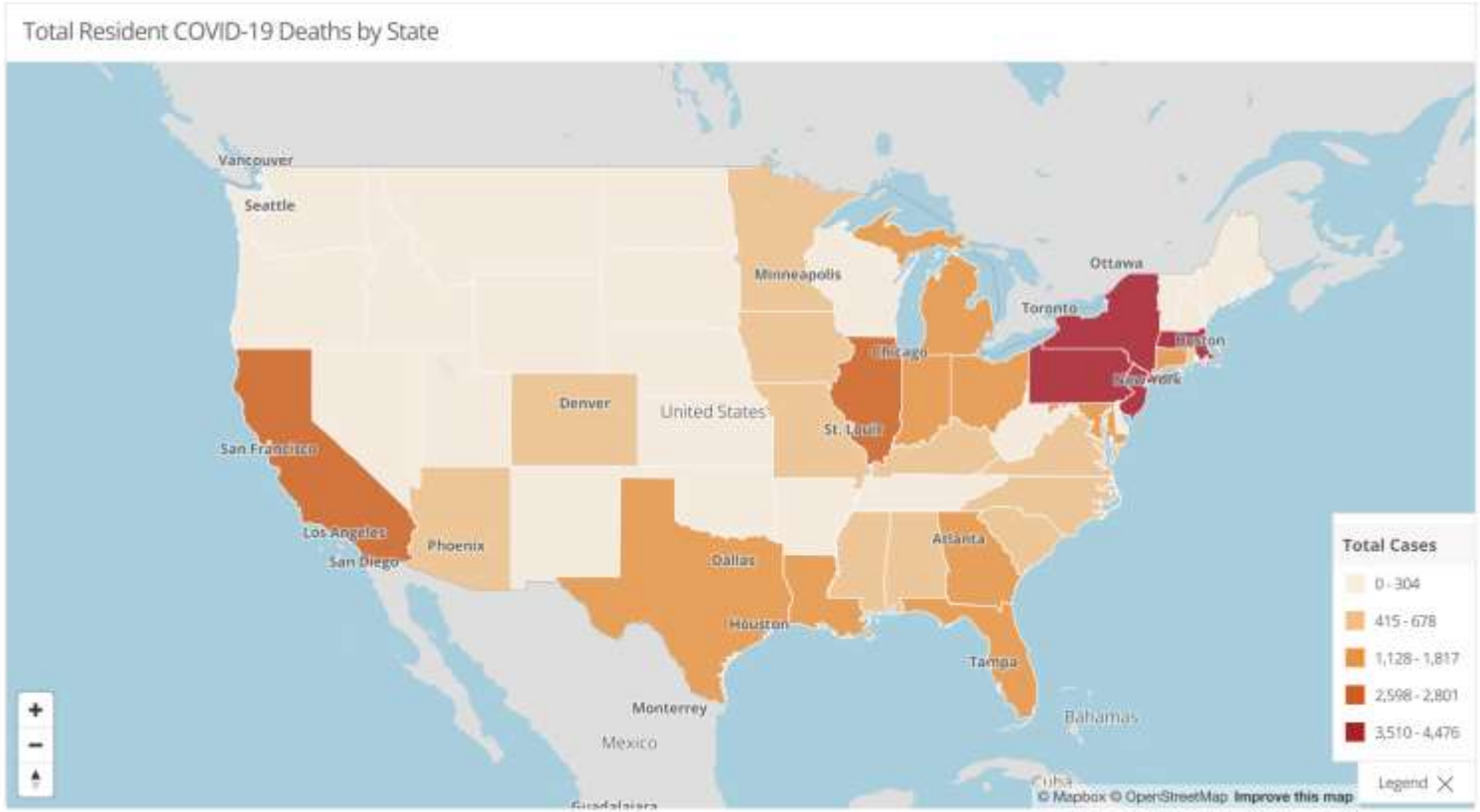
Source: Johns Hopkins University & Medicine; https://coronavirus.jhu.edu/region/us/ohio accessed August 8, 2020.

Total Resident Cases by State



Source: CMS; https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/ accessed August 8, 2020.

Total Resident Deaths by State

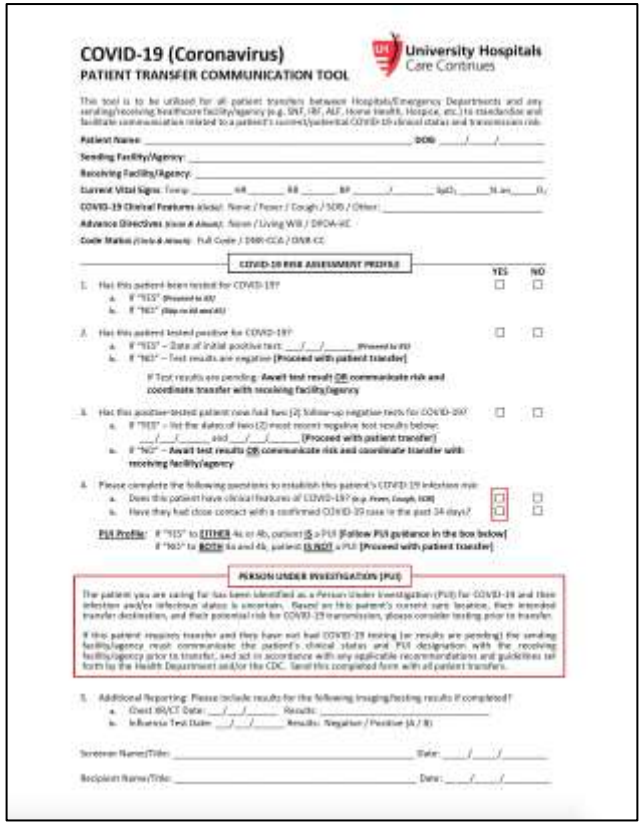


Source: CMS; https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/ accessed August 8, 2020.

UH COVID-19 Strategy

Pre-Pandemic:

- Hospital Incident Command System (HICS) with Post-Acute Care Lead
- Search for Isolation Centers
- Telehealth Preparedness
- Remote Monitoring Capability
- Patient Transfer Communication Tool



COVID-19 (Coronavirus)

PATIENT TRANSFER COMMUNICATION TOOL

University Hospitals Care Continues

This tool is to be utilized for all patient transfers between Hospitals/Emergency Departments and any sending/receiving healthcare facility/agency (e.g. SNF, IRF, ALF, Home Health, Hospice, etc.) to standardize and facilitate communication related to a patient's current/potential COVID-19 clinical status and transmission risk.

Patient Name: _____ DOB: ____/____/____

Sending Facility/Agency: _____

Receiving Facility/Agency: _____

Current Vital Signs: Temp: _____ HR _____ RR _____ BP _____/_____ SpO2: _____% on ____ O2

COVID-19 Clinical Features (check): None / Fever / Cough / SOB / Other: _____

Advance Directives (check & initial): None / Living Will / DPOA-HC

Code Status (circle & initial): Full Code / DNR-CCA / DNR-CC

COVID-19 RISK ASSESSMENT PROFILE

	YES	NO
1. Has this patient been tested for COVID-19?	☐	☐
a. If "YES" (Proceed to #2)		
b. If "NO" (Skip to #3 and #4)		
2. Has this patient tested positive for COVID-19?	☐	☐
a. If "YES" – Date of initial positive test: ___/___/_____ (Proceed to #3)		
b. If "NO" – Test results are negative [Proceed with patient transfer]		
If Test results are pending: Await test result OR communicate risk and coordinate transfer with receiving facility/agency		
3. Has this positive-tested patient now had two (2) follow-up negative tests for COVID-19?	☐	☐
a. If "YES" – list the dates of two (2) most recent negative test results below: ___/___/_____ and ___/___/_____ [Proceed with patient transfer]		
b. If "NO" – Await test results OR communicate risk and coordinate transfer with receiving facility/agency		
4. Please complete the following questions to establish this patient's COVID-19 infection risk:		
a. Does this patient have clinical features of COVID-19? (e.g. Fever, Cough, SOB)	☐	☐
b. Have they had close contact with a confirmed COVID-19 case in the past 14 days?	☐	☐

PUI Profile: If "YES" to EITHER 4a or 4b, patient IS a PUI [Follow PUI guidance in the box below]
If "NO" to BOTH 4a and 4b, patient IS NOT a PUI [Proceed with patient transfer]

PERSON UNDER INVESTIGATION (PUI)

The patient you are caring for has been identified as a Person Under Investigation (PUI) for COVID-19 and their infection and/or infectious status is uncertain. Based on this patient's current care location, their intended transfer destination, and their potential risk for COVID-19 transmission, please consider testing prior to transfer.

If this patient requires transfer and they have not had COVID-19 testing (or results are pending) the sending facility/agency must communicate the patient's clinical status and PUI designation with the receiving facility/agency prior to transfer, and act in accordance with any applicable recommendations and guidelines set forth by the Health Department and/or the CDC. Send this completed form with all patient transfers.

5. Additional Reporting: Please include results for the following imaging/testing results if completed?
a. Chest XR/CT Date: ___/___/_____ Results: _____
b. In-Service Test Date: ___/___/_____ Results: Negative / Positive (A / B)

Screener Name/Title: _____ Date: ____/____/_____

Recipient Name/Title: _____ Date: ____/____/_____

UH COVID-19: Early Outbreak Experiences

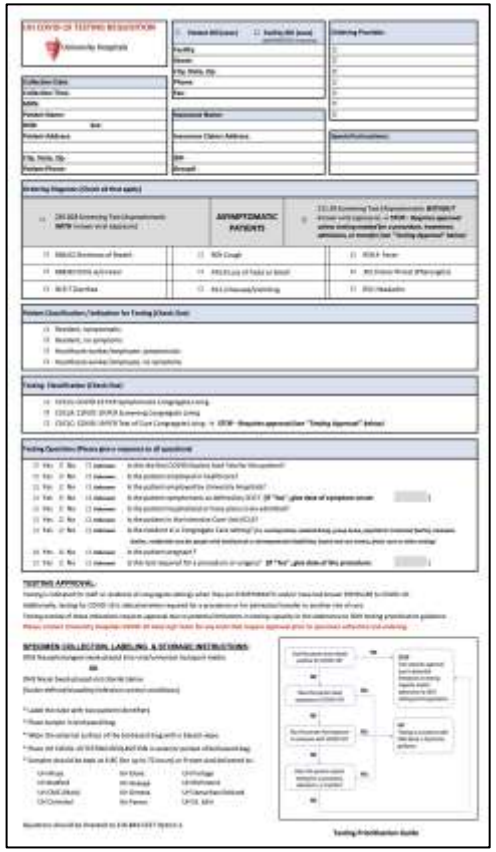
University Hospitals

NF-A	Large Urban Nursing Facility / Existing PAQN Relationship / Engaged Medical Director / Highly Engaged County Health Department / High Hospital Surge / High Mortality
NF-B	Large Suburban Nursing Facility / No Existing Relationship / Engaged Medical Director / Minimally Engaged County Health Department / Mod Hospital Surge / High Mortality
NF-C	

UH COVID-19 Strategy

Early Pandemic:

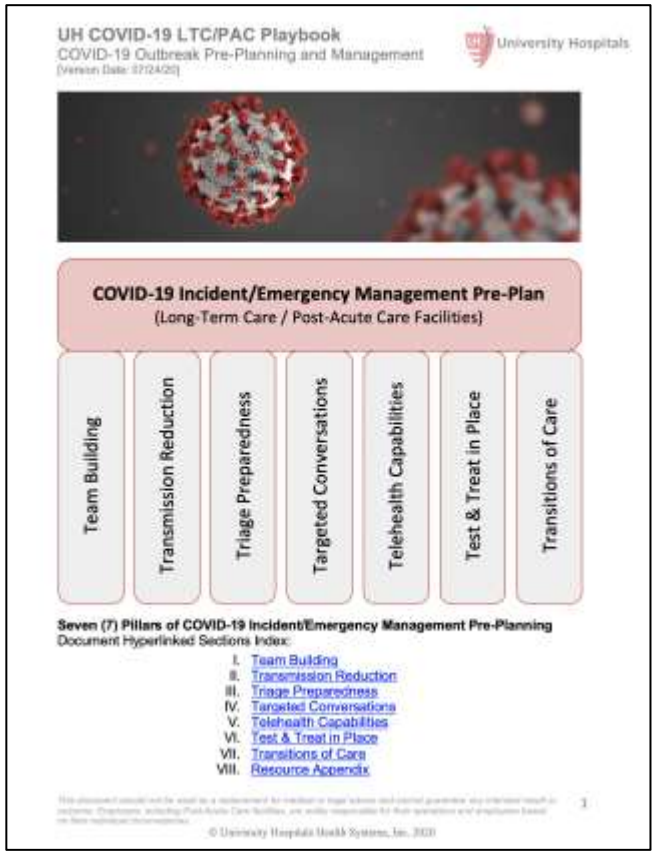
- Collaboration with the UH Core Lab and UH Home Care to develop & implement a strategy to support both mass and ad hoc COVID-19 PCR testing in nursing homes
- Development of a COVID-19 outbreak pre-planning & management education and resource guide for nursing homes, which became known as the UH nursing facility "***Playbook***"
- Formation of the UH C19 **Intercept Team** and strategy for supporting nursing facilities and other congregate care sites



UH COVID-19 Strategy

The "Playbook":

- C19 Outbreak Pre-Planning and Management for Long-Term Care and Post-Acute Care Facilities
- UH Best Practices & Protocols based on CDC / CMS / ODH / NIH / WHO guidance and policy.
- The "Seven Pillars" strategy:
  1) *Team Building*
  2) *Transmission Reduction*
  3) *Triage Preparedness*
  4) *Targeted Conversations*
  5) *Telehealth Capabilities*
  6) *Test & Treat in Place*
  7) *Transitions of Care*



*Disseminated to our PAQN nursing facility partners via email (PDF) with associated links to a cloud-based educational program

COVID-19 Incident/Emergency Management Pre-Plan
(Long-Term Care / Post-Acute Care Facilities)

Team Building

Forming an interdisciplinary coalition of healthcare stakeholders:

Team Building

- *Nursing Facility Administrator*
- *Director of Nursing*
- *Medical Director*
- *Providers (Physicians & APPs)*
- *Health Department*
- *Consultant Pharmacist*
- *Hospital Clinical Leadership (CMO/CNO)*
- *HICS (Hospital Incident Command Structure) Post-Acute Care Liaison*
- *Others: EMS/Transportation; Infectious Disease Specialist; Hospice & Home Health Care*

Designate a hospital-based representative who can serve as a centralized contact point for team communication, coordination of resources, and daily reporting

COVID-19: Daily Reporting

Team-Based Reporting for Situational Awareness:

COVID-19 Daily Facility Situation Report

Today's Date (00/00/00)			
Facility Information			
Facility Name			
Street Address			
City			
Zip Code			
County			
Current Patient Census	**SNF**	**LTC**	**AL/IL**
Number of Patients In-House	0	0	0
Number of C-19 Positive	0	0	0
Number of C-19 Persons Under Investigation (PUI)	0	0	0
Number of C-19 Test Pending	0	0	0
Employee Status	**RN/LPN**	**Nursing Assistant**	**Ancillary Services**
Number of C-19 Positive	0	0	0
Number of C-19 PUI	0	0	0
Number of C-19 Test Pending	0	0	0
Code Status of Patients	**Full Code**	**DNR CC Arrest**	**DNR CC**
Number of Unstable or Declining Positive/PUI In-House	0	0	0
PPE Supplies	**# of Days Left In Stock**		
N95 Masks	0		
Face Shields	0		
Gloves	0		
Gowns	0		
Shoe/Boot Covers	0		
Staffing Vacancy	**RN/LPN**	**Nursing Assistant**	**EVS/Nutrition**
Based on Pre COVID-19 Staffing Levels	0%	0%	0%

COVID-19 Incident/Emergency Management Pre-Plan
(Long-Term Care / Post-Acute Care Facilities)

Transmission Reduction

Reducing the risk of viral transmission in the facility:

Transmission Reduction

- Routine screening of all residents, staff and visitors
- Restricted access of all symptomatically ill and/or non-essential persons
- Reduction of close contact exposure (6' social and professional distancing)
- Consolidated resident care activities (including med-pass) with dedicated staffing
- Utilization of virtual care platforms (for staff and providers)
- Ongoing training and monitoring of transmission-based precautions (e.g. isolation techniques, droplet & contact precautions), handwashing, cough technique, social/professional distancing, donning & doffing of PPE
- Environmental strategies such as enhanced ventilation systems; sterilization or sanitization of PPE, surfaces, objects (including personal devices, floors/shoes, equipment, etc.); dedicated staff entrance with area to store personal items
- Masking of staff when providing close contact resident care
- Plan and establish a COVID-19 Isolation/Cohort Unit

COVID-19: Screening & Monitoring

Screening & Monitoring of Residents, Staff & Visitors:

Establish persons with suspected illness as ***COVID-19 PUI (Person Under Investigation)*** if falling into one or more of these categories:

1) Clinical Features of COVID-19
   - *Fever (≥ 100.4°F/38°C or ≥2°F above established baseline)*
   - *Cough*
   - *Dyspnea (shortness of breath)*
   - *Other viral-like symptoms: Chills, muscle/body aches, fatigue, sore throat, new loss of taste or smell, nausea, vomiting, diarrhea, weakness or lethargy, rhinorrhea (runny nose), nasal congestion, etc.*
2) Close contact/exposure with a person having confirmed COVID-19+ status
3) Travel risk (*per CDC guidelines*)

Staff with clinical features of COVID-19 should: 1) not return to work, 2) be tested, 3) self-isolate and wear a mask at all times, 4) wash hands often, 5) be cleared for resumption of work duties based on CDC guidance through a symptom or time-based strategy.

COVID-19 Incident/Emergency Management Pre-Plan
(Long-Term Care / Post-Acute Care Facilities)

Triage Preparedness

Creating capacity for COVID+ and COVID-PUI in your facility:

Triage Preparedness

- Utilize intra/inter-facility movement of stable, non-COVID residents to free space
- Transition stable long-stay residents to the home/community:
  - *Clinically and cognitively stable with adequate caregiver support*
  - *Consider the utilization of Home Health Care services*
  - *Facilitate telephonic and/or virtual telehealth/telemonitoring services to extend nursing support, care coordination efforts, and provider visits to the home*
  - *Partner with local home-based provider groups (if available)*
- Transition clinically stable short-stay (skilled) residents to the home/community, effectively reducing targeted length-of-stay in the SNF through the early coordination of Home Health Care and home-based provider services to achieve a safe but accelerated discharge timeline.

COVID-19: Isolation/Quarantine Cohort Strategy

Preparing the COVID Isolation/Quarantine units within a nursing facility:

Proactively decanting and designating a space within the nursing facility for COVID+ and COVID-PUI residents is essential to reducing the rate of viral transmission among both staff and residents. Basic elements include:

1) Should be divided into two (2) separate but adjacent areas within the isolation/cohort unit:
   - *COVID+ (tested and confirmed cases)*
   - *COVID-PUI (suspected or presumed COVID+ with/without a pending COVID test)*
2) Private rooms *(preferable)*
3) Proximity to a separate facility entrance
4) Dedicated staffing (consider utilizing staff who have been confirmed COVID+ but are now able to return to work per CDC guidelines)
5) Adequate and readily accessible supply of PPE on the unit; dedicated areas for donning/doffing
6) Consider a system for remote patient vital sign monitoring to monitor residents for decompensation in real time and to limit close contact exposure and PPE utilization for staff

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COVID-19: Resident Cohorting Strategy

Cohorting Zones:

Green	Orange	Red	Yellow
• COVID-19 Negative • "Cold" Unit • General Population • Strategy: Protect and Defend; Mask, Screen and Test as Indicated	• COVID-19 PUI • "Warm" Unit • Isolate • Strategy: Test for COVID-19 and Cohort Accordingly	• COVID-19 Positive • "Hot" Unit • Isolate • Strategy: Time, Symptom and/or Test-Based Strategy for Transition	• Quarantine • "Cool" Unit • Cool Down Area for Patients Moving from Orange/Red • Strategy: Safer Re-Opening and Transition to General Population

COVID-19 Incident/Emergency Management Pre-Plan
(Long-Term Care / Post-Acute Care Facilities)

Targeted Conversations

Advance Care Planning & End-of-Life Conversations:

Targeted Conversations

- Coordinated effort between facility staff and healthcare providers
- Proactive engagement in ACP conversations with all residents/responsible parties
- Address clinical conditions, prognosis and goals of care emphasizing the special considerations related to the COVID-19 pandemic crisis; consider utilizing a tool such as The Conversation Project[1] or Serious Illness Conversation[2]
- Engage with local hospice providers to understand their COVID-19 capacities and to create strategies for streamlined communication with residents/families
- Plan with local EMS/transportation and hospitals ways to safely transport and admit residents with COVID-19 to limit exposure of healthcare workers and conserve PPE
- Ensure that advance directives known, accessible, communicated, and transferred with the patient to the next site of care

1 – The Conversation Project; © 2020 Institute for Healthcare Improvement & Ariadne Labs. 2 – Serious Illness Conversation; © 2015 Ariadne Labs

COVID-19: Advance Care Planning

Advance Directives & Goals of Care Conversations:

Being Prepared in the Time of COVID-19

Three Things You Can Do Now

This is a challenging time. There are many things that are out of our control. But there are some things we can do to help us be prepared — both for ourselves and the people we care about. Here are three important things each of us can do, right now, to be prepared.

1 Pick your person to be your health care decision maker

Choose a health care decision maker (often known as a proxy, agent, or health care power of attorney) — a person who will make medical decisions for you if you become too sick to make them for yourself.

- Here's a simple guide to help you choose a health care decision maker.

Have a talk with your health care decision maker to make sure they know what matters most to you.

- Make a plan to talk with your decision maker as soon as possible. Phone calls or video chats are good if you don't live with that person.

Fill out an official form naming your health care decision maker. Give one copy of the filled-in form to your decision maker and one copy to your health care team.

- Get a free health care decision maker form here or download a form for free from your state attorney general website.
- In a time of social distancing, you may not be able to create an official legal document. That's okay! Writing it down is still better than nothing!

2 Talk about what matters most to you

Talk with your important people and decision maker about what matters most.

- The Conversation Starter Kit can help you get ready to talk to others about what matters most.
- If you have already completed the Conversation Starter Kit or have an Advance Directive, review it with your loved ones to see if you want to make any changes or updates.

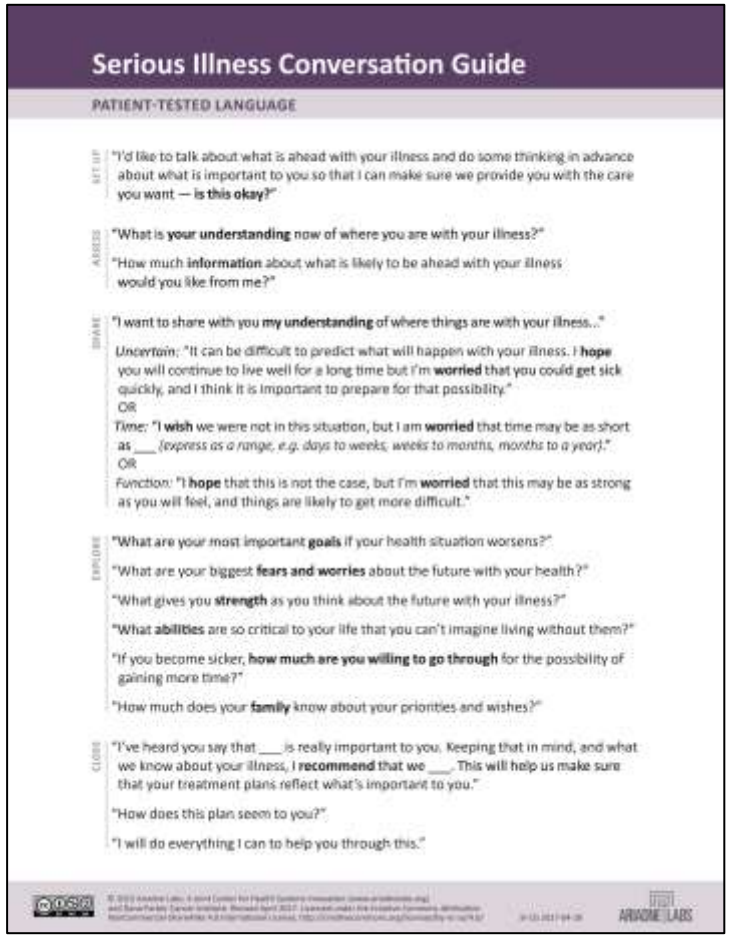
After you talk to your loved ones about what matters, talk to your health care team.

- Call your primary care provider or specialist to set up a televisit to talk about this. Knowing what matters to you helps your care team provide better care that's right for you.

ARIADNE LABS the conversation project

YOU SHOULD KNOW

- First and foremost, do everything you can to stay personally safe and protect others!
- Follow the CDC recommendations for social distancing: Stay home. Clean your hands often. Avoid close contact. Cover coughs and sneezes.
- Most people who get COVID-19 get a mild or moderate illness and don't need to go to the hospital.
- Those who do get a severe case of COVID-19 are mostly people who are older or have other medical problems.
- Some people, especially those who are young and healthy, will get better with routine hospital care. But many, especially those who are older and sicker, are not likely to survive even with a ventilator (breathing machine).
- Those who survive may be left with disabilities, both from damaged lungs and deconditioning after intensive care. Despite weeks or months in the hospital or rehabilitating in a nursing facility, survivors may not regain enough strength or function to return home.
- People who do not want intensive care should receive comfort care. Comfort care may be possible at home or in a nursing facility, especially with the care and support of hospice.
- Many hospitals are overcrowded and are not allowing visitors, so if you can, bring a smartphone, laptop or tablet to help communicate with your important people. In certain parts of the country, access to hospital or intensive care may become limited in the coming weeks.



Serious Illness Conversation Guide

PATIENT-TESTED LANGUAGE

SET UP

"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"

ASSESS

"What is **your understanding** now of where you are with your illness?"

"How much **information** about what is likely to be ahead with your illness would you like from me?"

SHARE

"I want to share with you **my understanding** of where things are with your illness..."

Uncertain: "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."

OR

Time: "I **wish** we were not in this situation, but I am **worried** that time may be as short as ___ *(express as a range, e.g. days to weeks, weeks to months, months to a year)*."

OR

Function: "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."

EXPLORE

"What are your most important **goals** if your health situation worsens?"

"What are your biggest **fears and worries** about the future with your health?"

"What gives you **strength** as you think about the future with your illness?"

"What **abilities** are so critical to your life that you can't imagine living without them?"

"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"

"How much does your **family** know about your priorities and wishes?"

CLOSE

"I've heard you say that ___ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we ___. This will help us make sure that your treatment plans reflect what's important to you."

"How does this plan seem to you?"

"I will do everything I can to help you through this."

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COVID-19 Incident/Emergency Management Pre-Plan
(Long-Term Care / Post-Acute Care Facilities)

Telehealth Capabilities

Leveraging the capabilities of technology to provide care:

Telehealth Capabilities

- Select a facility-based virtual/telehealth platform which is simple to implement
- Options during the COVID-19 pandemic crisis include common technologies that are not generally acceptable in healthcare settings: Zoom®, Skype®, FaceTime®, etc.
- Test your system in advance and develop protocols for use that help to coordinate staff and providers (especially when their access to patients is limited by COVID-19 restrictions or infection)
- Apply technology in practical ways that help to reduce close personal contact with COVID+ or COVID-PUI residents, maximize efficiency of staff and providers, and conserve PPE
  - *Provider (physician/APP) visits – offsite and potentially onsite*
  - *Nursing & interdisciplinary team rounding*
  - *Communication between the resident and family, friends, clergy, and other healthcare specialists/providers*

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COVID-19 Incident/Emergency Management Pre-Plan
(Long-Term Care / Post-Acute Care Facilities)

Test & Treat in Place

Managing clinically stable COVID-19 residents in the facility:

Test & Treat in Place

- Practical aspects to COVID-19 testing in LTC/PAC facilities:
  - Testing and result reporting should be in done in coordination with local public health and other healthcare coalition stakeholders
  - Clinically stable residents should not be transferred to a local hospital for testing
  - Be mindful of local/regional laboratory testing capacity and prioritization guidance
  - Testing Strategies:
    - ***Mass/Cohort****: Large scale staff and/or resident testing, which may be performed by facility staff or an outside strike/swab team*
    - ***Ad Hoc****: Ongoing daily testing performed on staff/residents as necessary*
  - Avoid testing with laboratories having protracted result turnaround times
  - RT-PCR vs. antibody vs. antigen testing; AN vs. NP swabbing
  - Understand the interpretation and value of PCR test results
  - Prepare in advance for results

COVID-19: Hospital Admissions

ODH Testing Prioritization Guidance:

COVID-19 Testing in Ohio
Help prevent the spread of COVID-19

Priority 1	**Ohioans with symptoms who are:** • Hospitalized. • Healthcare workers. This includes behavioral health providers, home health workers, nursing facility and assisted living employees, emergency medical technicians (EMTs), housekeepers and others who work in healthcare and congregate living settings.*
Priority 2	**Ohioans with symptoms who are:** • Residents of long-term care/congregate living settings. • First responders/public health workers/critical infrastructure workers. • 65 and older. • Living with underlying conditions. ◦ Consideration should be given for testing racial and ethnic minorities with underlying illness, as they are at increased risk for COVID-19 and more severe illness. **Ohioans without symptoms who are:** • Residents or staff directly exposed during an outbreak in long-term care/congregate living settings. **Other Ohioans who are:** • Designated by public health officials to evaluate/manage community outbreaks (such as in workplaces, other large gatherings).
Priority 3	**Ohioans with and without symptoms who are:** • Receiving essential surgeries/procedures, including those that were reassessed after a delay. • Receiving other medically necessary procedures not requiring an overnight stay/inpatient hospital admission, as defined by their providers' process for COVID-19 testing.
Priority 4	**Individuals in the community to decrease community spread, including individuals with symptoms who do not meet any of the above categories.**
Priority 5	**Asymptomatic individuals not mentioned above.**

*Congregate living settings are those where more than six people live and where there is a propensity for rapid person-to-person spread of infectious disease. (Some examples are assisted living/nursing centers; Ohio Veterans Homes; residential facilities for mental health/substance use treatment; psychiatric hospitals/group homes; centers/facilities/group homes for people with intellectual disabilities; homeless and domestic violence shelters; youth detention centers; prisons; and jails.)

Ohio

University Hospitals
Care Continues

COVID-19 Incident/Emergency Management Pre-Plan
(Long-Term Care / Post-Acute Care Facilities)

Test & Treat in Place

Managing clinically stable COVID-19 residents in the facility:

Test & Treat in Place

- Practical aspects to COVID-19 treatment in LTC/PAC facilities:
  - Management of COVID-19 is supportive in nature (i.e. fluids*, oxygen supplementation, fever-reducing medications, symptom relief, etc.)
  - Caution should be undertaken with the administration of nebulized drugs
  - Monitor for hypercoagulability and thrombotic complications related to COVID-19 infection and consider anticoagulation when necessary
  - **Remdesivir**: Due to limited supplies, consider use in hospitalized patients requiring supplemental oxygen but not requiring high-flow oxygen, noninvasive or invasive mechanical ventilation, or ECMO** *(See NIH Guidance)*
  - **Dexamethasone**: Consider the use of corticosteroids (preferably dexamethasone) when appropriate for patients who are mechanically ventilate or who are requiring supplemental oxygen *(See NIH guidance)*

There are no drugs or other therapeutics presently approved by the FDA to prevent or treat COVID-19

*Consider hypodermoclysis over IV administration of fluids
**ECMO = extracorporeal membrane oxygenation

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COVID-19 Incident/Emergency Management Pre-Plan
(Long-Term Care / Post-Acute Care Facilities)

Transitions of Care

Transferring COVID+ or COVID-PUI to another healthcare setting:

Transitions of Care

- Refrain from sending clinically stable patients to the hospital for COVID-19 testing or solely based on their COVID-19 infection/exposure status…whenever possible
  - Hospitalize only when medically necessary and in accord with goals of care
  - Attempt to transfer/admit prior to 911 necessity
- Pre-transfer communication with the receiving facility is essential
  - Include advance directives and code status documentation with the patient
  - Use established protocols for direct hospital admission when appropriate
- Communicate COVID-19 Status with EMS/transportation
- Send the patient with their medications, especially MDIs and other respiratory drugs
- Utilize a HCIC* when unable to isolate/quarantine in place

*HCIC = Health Care Isolation Center

COVID-19: Hospital Admissions

Direct Admissions through the Transfer Center:

University Hospitals
Center for Patient Flow Management

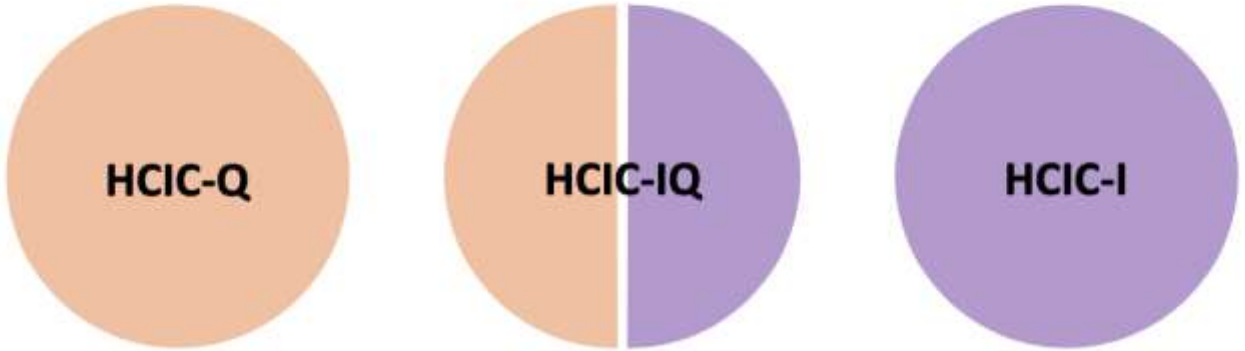
Required Information for Direct Admits from SNFs & Other Congregate Living Settings

PATIENT DEMOGRAPHICS			
Patient Name			
Patient DOB			
COVID-19 Status (P=Positive; N=Negative; PUI=Person Under Investigation; NT=Not Tested, PP=Past Positive)			
Current COVID-like symptoms			
MOST RECENT SET OF VITAL SIGNS			
Temperature	Heart Rate		
Respiratory Rate	Weight		
Blood Pressure	Pulse		
Oxygen Needs			
TRANSPORT NEEDS	**Yes**	**No**	
Cardiac Monitor			
IV			
Oxygen Therapy			
Notes			
RECEIVING HOSPITAL REQUEST			
Name of Desired Hospital			
City of Desired Hospital			
Desired Level of Care			
FACILITY CONTACT INFORMATION			
Facility Name			
Facility Address			
Facility Contact Name			
Facility Contact Phone Number			
Patient Location (floor/unit)			
PRIMARY CARE PHYSICIAN			
Facility Physician		Facility Phone Number	
PCP Name		PCP Phone Number	
PROCESS			
Care Provider/Facility calls with above information to UH CPFM 216-844-1111			
CPFM starts case, finds the proper admitting provider and hospital			
CPFM calls sending provider back for Provider to Provider conference			
CPFM completes bed selection and transport needs based on provider conference and patient needs			
CPFM will call back care facility with bed and transport information			

COVID-19: Health Care Isolation Centers (HCIC)

ODH HCIC Initiative:

- **Health care Isolation centers (HCICs)** provide a "COVID-19 level of care" and/or a "quarantine level of care." HCICs will be categorized as follows:
  - An HCIC-Q will provide only a quarantine level of care (services for the individuals shown in orange above).
  - An HCIC-I will provide only a COVID-19 level of care (services for the individuals shown in purple above).
  - An HCIC-IQ will provide both a quarantine level of care and a COVID-19 level of care (individuals shown in orange and purple above) in separate units.



COVID-19: 7 Pillars Strategy

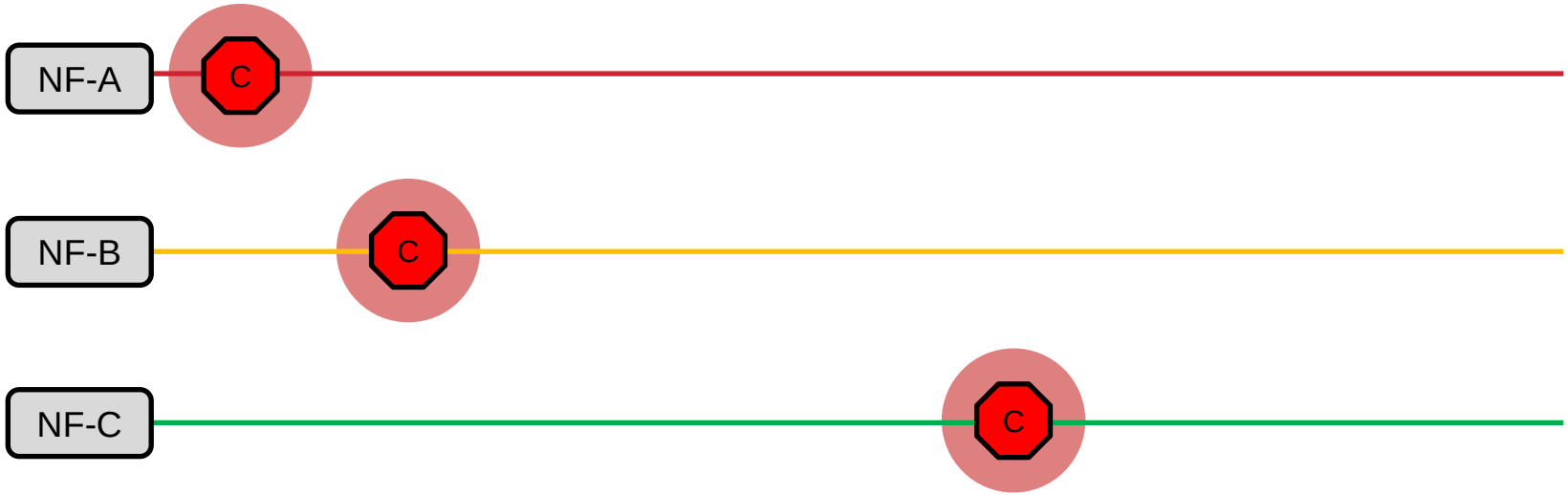
COVID-19 Incident/Emergency Management Pre-Plan
(Long-Term Care / Post-Acute Care Facilities)

- Team Building
- Transmission Reduction
- Triage Preparedness
- Targeted Conversations
- Telehealth Capabilities
- Test & Treat in Place
- Transitions of Care

UH COVID-19: Early Outbreak Experiences

NF-A	Large Urban Nursing Facility / Existing PAQN Relationship / Engaged Medical Director / Highly Engaged County Health Department / High Hospital Surge / High Mortality
NF-B	Large Suburban Nursing Facility / No Existing Relationship / Engaged Medical Director / Minimally Engaged County Health Department / Mod Hospital Surge / High Mortality
NF-C	Large Rural Nursing Facility / Existing PAQN Relationship / Engaged Medical Director / Moderately Engaged County Health Department / Low Hospital Surge / High Mortality

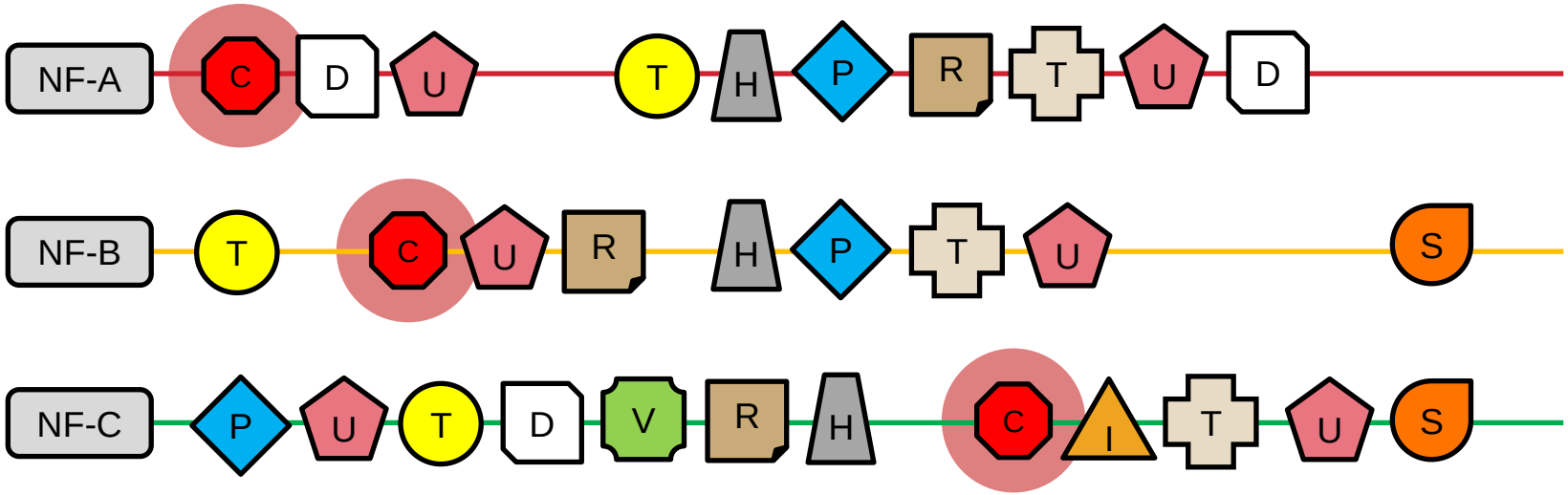
UH COVID-19: Origins of the Intercept Team Strategy



C	C19 NF Index Case/Outbreak		
D	Health Department	R	NF Daily Reporting
P	Incident/Emergency Management Pre-Planning	V	Virtual Platforms: Telehealth/Telemonitoring
U	C19 Isolation/Quarantine Unit and/or Re-Cohorting	I	UH C19 Intercept Team
T	Team/Coalition: NF/Hospital/HICS/EMS/HD	T	UH C19 Testing Team
H	HICS: Hospital Incident Command Structure	S	Support: Staffing and/or PPE

UH COVID-19: Origins of the Intercept Team Strategy

University Hospitals



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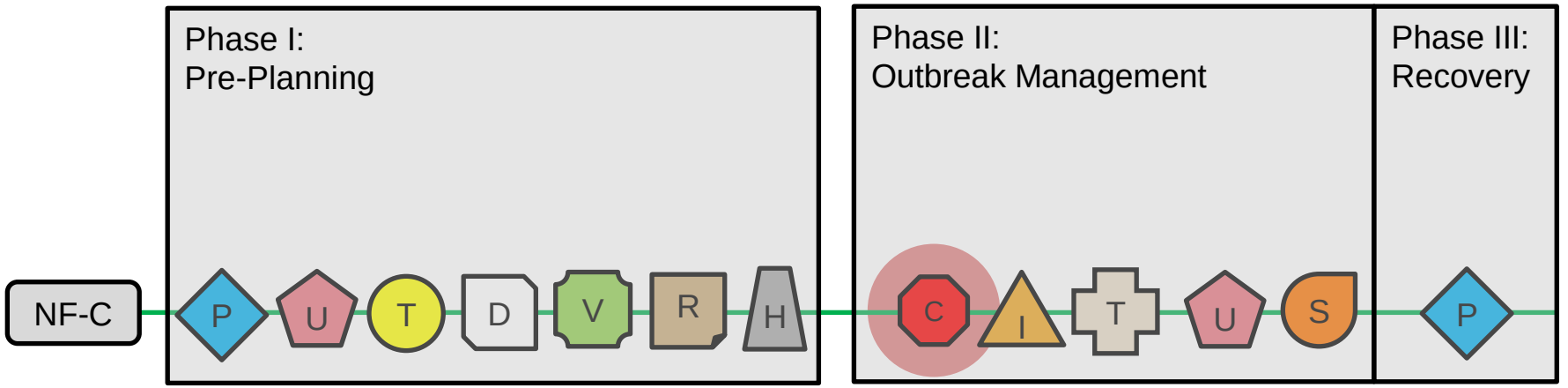
UH COVID-19: Origins of the Intercept Team Strategy

Three (3) Critical Phases of Coalition-Based COVID-19 Incident Management



Phase I: Preparing the NF; Forming the coalition; Formalizing the strategy

Phase II: Rapid Response to a NF COVID-19 Index Case; Re-assess the facility structure and resources; Assess resident population (i.e. clinical needs, advance directives, etc.); Retraining and monitoring infection control practices; Centralized communication, Daily situational reporting and coordination of resource support (e.g. testing, staffing, and PPE); Coalition integration (i.e. local hospital, public health and local EMS); Clinical and situational management (testing, treatment, isolation/quarantine, etc.)

Phase III: Recovery to pre-outbreak status; Return to work protocols for infected/exposed staff; Return to population protocols for infected/exposed residents; Facility Re-opening; Return to pre-planning for subsequent outbreak

UH Intercept Strategy - Video

UH C19 Intercept Team

Intercept Team Construction:

- 4 Acute Care NPs
- 2 EMS/Disaster Medics
- 1 Resident/Family Advocate
- 1 Licensed Nursing Home Administrator
- 2 Physicians
  - Emergency Medicine & Epidemiology
  - Geriatrics (LTC/PAC) & Population Health
- Ancillary Support: HICS Leadership; Laboratory Leadership; Home Care Leadership; Infectious Disease; Palliative Care; Transitions Teams Leadership; Hospital Leadership (Presidents/CMO/CNO); Data/Analytics; Material Supply Chain Leadership; UH Legal/Counsel

UH C19 Intercept Team

Intercept Strategy Impact:

- Ohio Department of Health (ODH): C19 Clinical Advisor to the office of Governor Mike DeWine; Medicaid Director, Maureen Corcoran; and Medicaid Medical Director, Dr. Mary Applegate

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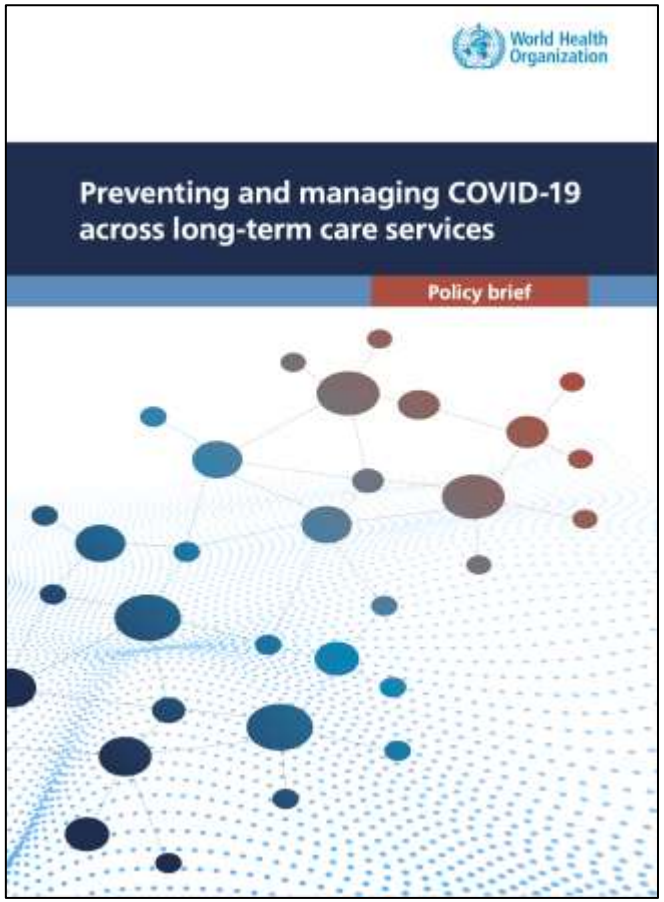

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- Centers for Medicare & Medicaid Services (CMS): Met with Director Seema Verma during her visit to University Hospitals July 23, 2020 to discuss the UH C19 Intercept strategy for nursing facilities.

C19 Ongoing Initiatives

Coalition Partnerships:

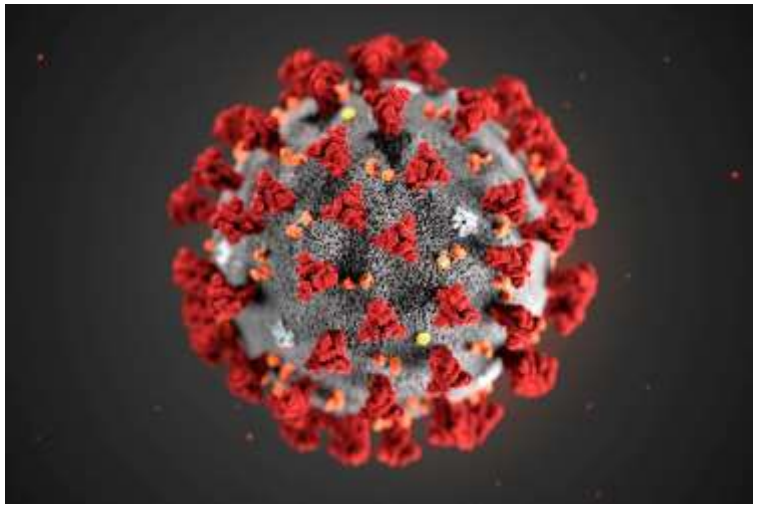
- Data & analytics sharing with geospatial mapping of testing, positivity, EMS runs, hospital admissions/surge capacity, etc.
- Direct hospital admission protocols through a transfer center process to bypass EMS/ED
- Regular status calls between public health, hospital system leadership, and zone leadership
- Red-Cap surveys for nursing facility situational reporting and needs reporting/assessment
- Nursing facility & hospital attribution list to load balance testing, PPE and staffing support
- Ohio National Guard benchmark testing and routine testing of all nursing home staff
- ODH strike and bridge team development and support for crisis outbreak situations
- CarePort COVID-19 electronic facility profile to support care transitions
- Facility support: ICP education, PPE supply, testing support, etc.

Conclusions:

1) The COVID-19 pandemic has had a significant impact on nursing homes and other congregate sites of care which has necessitated a coalition response involving public health, facility leadership, and hospital engagement.

2) Development and utilization of resources, like the UH ”Playbook”, has become foundational to helping nursing facilities (and other congregate sites of care) in both pre-planning and in the management of COVID-19 outbreaks.

3) The UH Intercept Team Strategy has been highly effective in giving onsite and virtual support to congregate facilities to help with resource allocation/utilization, protocol implementation, hospital and public health integration, testing and treatment strategies, as well as material and personnel support.



COVID-19 Outbreak Pre-Planning and Management for Long-Term Care & Post-Acute Care Facilities

Sean C. Cannone, DO, CMD

University Hospitals; Cleveland, OH

Medical Director of Post-Acute Care and Home Care

UH COVID-19 Hospital Incident Command System Lead for Congregate Care Settings

ODH COVID-19 Zone 1 Co-Clinical Lead