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

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UH COVID-19 Hospital Incident Command System Lead for Congregate Care Settings
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
Global Cases
19,127,091

Global Deaths
715,555

Total Resident Cases by State

Total Resident Deaths by State

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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
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
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
- 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

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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:

<table>
<thead>
<tr>
<th><strong>COVID-19 Daily Facility Situation Report</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Today’s Date (08/06/20)</strong></td>
</tr>
<tr>
<td><strong>Facility Information</strong></td>
</tr>
<tr>
<td>Facility Name</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Zip Code</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td><strong>Current Patient Census</strong></td>
</tr>
<tr>
<td>Number of Patients In-House</td>
</tr>
<tr>
<td>Number of C-19 Positive</td>
</tr>
<tr>
<td>Number of C-19 Patients Under Investigation (PUT)</td>
</tr>
<tr>
<td>Number of C-19 Test Pending</td>
</tr>
<tr>
<td><strong>Employee Status</strong></td>
</tr>
<tr>
<td>RN/LPN</td>
</tr>
<tr>
<td>Nursing Assistant</td>
</tr>
<tr>
<td>Ancillary Services</td>
</tr>
<tr>
<td>Number of C-19 Positive</td>
</tr>
<tr>
<td>Number of C-19 PUI</td>
</tr>
<tr>
<td>Number of C-19 Test Pending</td>
</tr>
<tr>
<td><strong>Code Status of Patients</strong></td>
</tr>
<tr>
<td>Full Code</td>
</tr>
<tr>
<td>GMR CC Arrest</td>
</tr>
<tr>
<td>GMR CC</td>
</tr>
<tr>
<td>Number of Unstable or Declining Patients/Patients</td>
</tr>
<tr>
<td><strong>PPE Supplies</strong></td>
</tr>
<tr>
<td>N95 Masks</td>
</tr>
<tr>
<td>Face Shields</td>
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<tr>
<td>Gloves</td>
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<tr>
<td>Gowns</td>
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<tr>
<td>Shoe/Boot Covers</td>
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<tr>
<td><strong>Staffing Vacancy</strong></td>
</tr>
<tr>
<td>RN/LPN</td>
</tr>
<tr>
<td>Nursing Assistant</td>
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<tr>
<td>EVS/Nutrition</td>
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<tr>
<td>Based on Pre-COVID-19 Staffing Levels</td>
</tr>
</tbody>
</table>

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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.
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
COVID-19: Resident Cohorting Strategy

Cohorting Zones:

- **Green**:
  - COVID-19 Negative
  - "Cold" Unit
  - General Population
  - Strategy: Protect and Defend; Mask, Screen and Test as Indicated

- **Orange**:
  - COVID-19 PUI
  - "Warm" Unit
  - Isolate
  - Strategy: Test for COVID-19 and Cohort Accordingly

- **Red**:
  - COVID-19 Positive
  - "Hot" Unit
  - Isolate
  - Strategy: Time, Symptom and/or Test-Based Strategy for Transition

- **Yellow**:
  - Quarantine
  - "Cool" Unit
  - Cool Down Area for Patients Moving from Orange/Red
  - Strategy: Safer Re-Opening and Transition to General Population
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 we can’t control, but there are some things we can do to help to 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 (known as a proxy, agent, or health care power of attorney) — someone who will make health care decisions for you if you become too sick to make them for yourself.
   - Your person needs to be a responsible adult who knows you well.
   - You may want to designate one person to make health care decisions for you in the event that others disagree.

2. **Fill out an advance directive:**
   - An advance directive is a legal document that states your preferences for end-of-life care.
   - Your person needs to be a responsible adult who knows you well.
   - You may want to designate a person to make health care decisions for you in the event that others disagree.

3. **Talk about what matters most to you:**
   - Talk with your important people and decide together about your values and preferences.
   - Preparatory exercises can help you and your family members talk about the values and preferences that matter to you.
   - Your person needs to be a responsible adult who knows you well.
   - You may want to designate a person to make health care decisions for you in the event that others disagree.

**Serious Illness Conversation Guide**

**PATIENT-TESTED LANGUAGE**

- "I’d like to talk about what’s ahead with your illness and do some thinking in advance about what’s important to you so that I can make sure we provide you with the care you want — is this helpful?"
- "What’s your understanding now of where you are with your illness?"
- "How much information about what’s likely to be ahead with your illness would you like from me?"
- "I want to share with you my understanding of where things are with your illness..."
- "It can be difficult to predict what will happen with your illness. I hope you will continue to be well for a long time but I’m worried that you might get sick quickly, and I think it’s important to prepare for that possibility..."
- "Let’s talk about where we were in this situation, but I am worried that the time may be as short as..."
- "What do you think about..."
- "I hope that this is not the case, but I’m worried that this may be as strong as you can feel, and things are likely to get more difficult..."
- "What are your main goals or wishes for the future with your health?"
- "What is your biggest fear or worry about the future with your health?"
- "What gives you strength to think about the future with your illness?"
- "What abilities are so important to you that you can’t imagine living without them?"
- "If you become less able to care for yourself, how much help from others do you think you would want?"
- "How much do you want your family to be involved in your health care decisions?"
- "I’ve heard that you..."
- "I heard you say that..."
- "How do you want to talk about..."
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COVID-19 Incident/Emergency Management Pre-Plan
(Long-Term Care / Post-Acute Care Facilities)

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

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 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:

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Ohioans with symptoms who are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Hospitalized.</td>
</tr>
<tr>
<td></td>
<td>• 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.*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority 2</th>
<th>Ohioans with symptoms who are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Residents of long-term care/congregate living settings.</td>
</tr>
<tr>
<td></td>
<td>• First responders/first health workers/critical infrastructure workers.</td>
</tr>
<tr>
<td></td>
<td>• Diabetics.</td>
</tr>
<tr>
<td></td>
<td>• Living with underlying conditions.</td>
</tr>
</tbody>
</table>

Consideration should be given to testing racial and ethnic minorities with underlying illnesses, as they are at increased risk for COVID-19 and more severe illness.

<table>
<thead>
<tr>
<th>Priority 3</th>
<th>Ohioans without symptoms who are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Residents or staff directly exposed during an outbreak in long-term care/congregate living settings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority 4</th>
<th>Other Ohioans who are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Designated by public health officials to evaluate/manage community outbreaks (such as in workplaces, other large gatherings).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority 5</th>
<th>Ohioans with and without symptoms who are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Receiving essential surgeries/procedures, including those that were rescheduled after a delay.</td>
</tr>
<tr>
<td></td>
<td>• Receiving other medically necessary procedures not requiring an overnight stay/insurers hospital admission as defined by their standards prior to COVID-19 testing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority 5</th>
<th>Individuals in the community to decrease community spread, including individuals with symptoms who do not meet any of the above categories.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asymptomatic individuals not mentioned above.</td>
</tr>
</tbody>
</table>

*Congregate living settings are those where more than 10 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; chronic hospitals/group homes; centers/illnesses/group homes for people with intellectual disabilities, homelessness and domestic violence shelters, youth centers/teen centers, and jails.
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 ventilated 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*

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

![Form Image]

**Required Information for Direct Admissions to UH Sites & Other Congregate Living Settings**

<table>
<thead>
<tr>
<th><strong>PATIENT DEMOGRAPHICS</strong></th>
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<tbody>
<tr>
<td><strong>Patient Name</strong></td>
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<tr>
<td><strong>Date of Birth</strong></td>
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<td><strong>Address</strong></td>
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<tr>
<td><strong>Phone</strong></td>
</tr>
<tr>
<td><strong>Insurance Information</strong></td>
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<tr>
<td><strong>Current COVID-19 Symptoms</strong></td>
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<table>
<thead>
<tr>
<th><strong>PAST MEDIC SET OF VITAL SIGNS</strong></th>
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<tr>
<td><strong>Respiration Rate</strong></td>
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<td><strong>Heart Rate</strong></td>
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<td><strong>Blood Pressure</strong></td>
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<tr>
<td><strong>Temperature</strong></td>
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<tr>
<th><strong>CURRENT MEDICATIONS</strong></th>
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<tr>
<td><strong>Name</strong></td>
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<td><strong>Dosage</strong></td>
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<td><strong>Frequency</strong></td>
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<tr>
<td><strong>Route</strong></td>
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<tr>
<th><strong>TRANSPORT NEEDS</strong></th>
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<tr>
<td><strong>Oxygen</strong></td>
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<tr>
<td><strong>Ventilator</strong></td>
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<tr>
<td><strong>IV</strong></td>
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<tr>
<td><strong>Venous Therapy</strong></td>
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<tr>
<td><strong>MEDICATIONS</strong></td>
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<table>
<thead>
<tr>
<th><strong>RECEIVING HOSPITAL REQUEST</strong></th>
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<tbody>
<tr>
<td><strong>Name of Receiving Hospital</strong></td>
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<td><strong>City of Receiving Hospital</strong></td>
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<tr>
<td><strong>Level of Care</strong></td>
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<th><strong>Facility Information</strong></th>
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<tr>
<td><strong>Facility Address</strong></td>
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<th><strong>PROCEDURE</strong></th>
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<td><strong>Notes</strong></td>
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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

- **NF-A**
  - C
  - NF-A

- **NF-B**
  - C
  - NF-B

- **NF-C**
  - C
  - NF-C

**Diagram Notes:**
- C19 NF Index Case/Outbreak
- Health Department
- Incident/Emergency Management Pre-Planning
- C19 Isolation/Quarantine Unit and/or Re-Cohorting
- Team/Coalition: NF/Hospital/HICS/EMS/HD
- HICS: Hospital Incident Command Structure
- NF Daily Reporting
- Virtual Platforms: Telehealth/Telemonitoring
- UH C19 Intercept Team
- UH C19 Testing Team
- Support: Staffing and/or PPE
UH COVID-19: Origins of the Intercept Team Strategy

C19 NF Index Case/Outbreak
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NF Daily Reporting
- Virtual Platforms: Telehealth/Telemonitoring
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- UH C19 Testing Team
- Support: Staffing and/or PPE
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 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
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

- World Health Organization (WHO): Dr. Sean Cannone served as an expert Contributor to the WHO July 9, 2020 Policy Brief entitled: “Preventing and Managing COVID-19 Across Long-Term Care Services”
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

- World Health Organization (WHO): Dr. Sean Cannone served as an expert Contributor to the WHO July 9, 2020 Policy Brief entitled: “Preventing and Managing COVID-19 Across Long-Term Care Services”

- 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

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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