MAGIC Recommendations for Facility and Provider Teams on COVID-19 Management 3.18.20

To:	Community SNF/LTC/ALF partners
From:	Minnesota Association of Geriatric Inspired Clinicians, Clinical Practice Alliance Committee
Situation:	A community outbreak of COVID-19

Background: MAGIC represents geriatric facility-based provider groups throughout the state of Minnesota and works with governing bodies to provide guidelines to serve our high-risk group of patients. During this Covid-19 outbreak, MAGIC's collective purpose is to ensure the safety of the patients with strong medical decision making while decreasing the risk of exposure and transmission. MAGIC's Clinical Practice Alliance Committee (CPAC) has a strong history of health care organizations working together to standardize care. This committee will distribute pertinent information as it evolves with Covid-19 regarding our provider teams and facility guidelines.

Symptoms: COVID-19 is an influenza-like illness that presents with a variety of symptoms including sore throat, cough, fever, shortness of breath, and body aches. Some cases progress to severe acute respiratory failure requiring intubation. Isolated rhinorrhea or sneezing without these symptoms has generally not been associated with COVID-19.

Monitoring: All facilities should implement routine monitoring of residents for development of signs and symptoms of respiratory illness in concordance with the CMS and CDC guidelines. Nursing should be in daily communication with providers regarding symptoms that develop.

Testing: There is a national shortage of testing supplies and we all need to be good stewards of the supplies that are available. Not all patients with respiratory symptoms should be tested for Covid-19. Testing supplies that are available should only be used on those with the appropriate risk factors and symptoms for the illness, but MDH has given priority to "congregate living" patients in skilled facilities and Assisted Livings.

If testing for Covid-19 is completed through MDH, complete the test request form and fax to MDH per their recommendation. The form should be included with the "universal or viral" swab sent into the lab for processing.

On-site provider groups should be kept up to date with Covid-19 screening of residents within the building, including positive or negative results. In the SNF, the Infection Specialist can manage this communication.

Patient Transfer: MAGIC acknowledges the safest place for our high-risk patients remains at the facility and it is not recommended to transfer to a hospital for testing. Regardless of testing, patients who have respiratory symptoms should be initiated on droplet precautions and placed in isolation. The provider should initiate a respiratory workup as appropriate to rule out other illnesses and continue supportive care. Consult with the provider team and Department of Health as appropriate.

Patients do not require an airborne isolation room in a facility. The patient should remain at the facility assuming 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer.

Hospital Screening: All patients seen at the hospital are being evaluated for risk of COVID-19 and are being tested for COVID-19 if appropriate. Travel history and association to any a potential COVID-19 exposure is being evaluated on all respiratory illness patients in the hospital. Not all patients will be tested for Covid-19 prior to hospital discharge.

Admissions: <u>Respiratory symptoms/illness with negative Covid-19 or not tested</u>: In order to ensure adequate hospital space for COVID-19 potential patients, low risk patients with alternative respiratory diagnoses need to discharge from the hospital to the appropriate location with appropriate precautions and isolation in place if needed.

<u>Hospital to facility transfer</u>:
1. At the time of referral to a facility, screening questions and answers for COVID-19 should be sent to the facility for ALL referrals by the discharge planner to ensure the facility is aware of the screening completed and results.
2. For patients with any respiratory symptoms, progress note from the admitting provider detailing the evaluation of the respiratory symptoms and if COVID-19 testing was considered should be sent to facility admissions by the discharge planner.
3. Discharge planners should request a pager number or cell phone number for the admitting provider (or medical director if primary is unavailable) from the admissions office and provide the information to the discharging hospitalist.
4. On the day of discharge, the discharging physician will provide a telephonic handoff to the admitting provider for all patients with respiratory symptoms to discuss COVID-19 testing considerations, and any recommended ongoing precautions for the patient.

Excerpt from CMS Memo Nursing Home Guidance QSO-20-14: *Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room).*

<u>Direct admissions not from a hospital</u>: Patients should be screened for respiratory symptoms, and potential travel risks or COVID-19 exposure. This should be done in accordance with the MDH guidelines for evaluation and treatment of COVID-19. You should connect with your state health department in this situation regarding the appropriate action if needed.

<u>Covid-19 Positive</u>: A nursing facility can accept a resident diagnosed with COVID-19 who is still under Transmission-Based Precautions for COVID-19 if the facility can follow CDC guidance for these precautions. CDC has released interim guidance for discontinuing transmission-based precautions or in-home Isolation for persons with laboratory-confirmed COVID-19.

PPE:	Use droplet and contact precautions plus eye protection in a standard patient room for influenza-like illness patients, known exposure to Covid-19 and Covid-19 confirmed cases. Face shields can be reused following disinfection guidelines. Follow strict guidelines for patients utilizing nebulizers, CPAP, BiPAP or open suctioning with the increased risk of transmission.

Per CMS, visitors that are permitted on-site, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility (this does not include health care workers).

Check the CDC regularly for updates, including updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html |
| Provider Teams: | Providers coming on-site increase the risk of transmission. To minimize the risk, provider groups will be implementing changes to provide safe care for our high-risk patients.

Providers will limit visits at Skilled Facilities and Assisted Livings to only acute/urgent/emergent and initial visits. No routine visits should be completed. No ancillary team members will be on-site (nurses or care coordinators). Providers will limit time on-site to completing visits only; documentation will be completed off-site. Provider visits that must occur face to face will be completed at a safe distance (>6 ft) with limited contact between the provider and patient. Providers should provide telephonic visits as able.

Provider groups will work to minimize the number of sites a provider sees patients on-site to reduce the risk of transmission. On-site provider teams may work with other on-site teams to reduce the number of providers coming into the building and providing on-site care. Providers who are at an increased risk of Covid-19 (ie: immunocompromised) will not be providing on-site care.

Nurses should communicate patient updates to providers over the phone each day, rather than in person, which includes a status update on patients' respiratory symptoms. It is important to make sure Advanced care planning is up to date and accurate for all patients. |
| TeleHealth: | Guidelines for telehealth have been relaxed for the duration of the COVID outbreak and allow for telehealth visits to be done for any facility bound patient. They now allow for the use of personal mobile devices without concern for HIPAA rules. It is acceptable to utilize apps such as FaceTime and Skype. |
| Regulatory Visits: | Providers will follow CDC guidelines as able, but will acknowledge in documentation when visits are not in the patient's best interest or cannot be completed safely. MAGIC will continue to follow the changes being published by CMS regarding regulatory visits.

CMS has waived the 3-day prior hospitalization for coverage of a SNF stay, as of 3/16/2020. |
| Visitor & Staff Screening | All staff members who have travelled out of the state should be screened for travel location(s), potential exposure risk, and signs or symptoms of COVID-19 to assess their risk level before returning to work within a nursing facility. Providers may also be screened by their company prior to returning to work after travel.

Providers will limit lab and radiology orders to only those that are essential to patient care to minimize additional vendors from coming into the facilities. |

Visitors: Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. All visitors, staff members and providers should be screened for recent travel, potential exposure risk, and signs or symptoms of COVID-19 to assess their risk level before entering a nursing facility.

Facilities should follow CDC guidelines for restricting access to health care workers found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. They should be permitted to come into the facility if they meet the CDC guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

Guidelines: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (ie: CDC) to change. Please monitor the relevant sources regularly for updates. https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html

"Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes" from CMS was updated on 3/13/2020. These guidelines should be followed at each site which discontinues communal dining and group activities, provide active screening of residents and staff, practice social distancing and restricting visitors.

REFERENCES

Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes from CMS (updated 3/13/20) www.cms.gov/files/document/qso-20-14-nh-revised.pdf

CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

Recommendations and preparedness checklist for facilities from CMS: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

MDH link to current testing and screening recommendations:
https://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html

CDC Travel Information
https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

CDC: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Leading Age MN Resources https://www.leadingagemn.org/providers/coronavirus-disease-2019/

Washington State Society for Post-Acute and Long-Term Care Medicine. Video: Your Facility has Covid-19: What you can do now. https://www.wa-paltc.com/covid-19-resources

CMS Memo Nursing Home Guidance QSO-20-14: https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

COVID-19 Preparedness Checklist for Nursing Home and Long Term Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

Endorsed by,

Advanced Health Institute
Allina Health
Avera
Bluestone Physician Services
CentraCare Senior Transitions
Consultative Health & Medicine
Genevive
Health Partners
Hennepin County Medical Center Senior Care
Hennepin Healthcare Senior Care and Extended Care
Integrated Care by Medica
Integrative Geriatrics
Lifesprk
M Health Fairview, Fairview Geriatric Services and Medical Care for Seniors, Health East
Park Nicollet
Rehabilitation Medicine Associates
Twin Cities Physicians
University of Minnesota Physicians