Conference Spotlight: Navigating the COVID-19 Pandemic

By Joanne Kaldy

For those trying to keep track of developments and news regarding the COVID-19 pandemic, there are constant updates as the situation is evolving rapidly. The leaders of AMDA – The Society for Post-Acute and Long-Term Care Medicine on the frontlines of the COVID-19 response came together virtually during the opening general session of the Society’s 2020 Annual Conference to provide updates, share stories and solutions, and offer encouragement and resources. “We are building this airplane as it goes down the runway and is taking off,” said David Nace, MD, MPH, CMD, the Society’s president. He and his fellow panelists cautioned their audience to buckle up for a bumpy ride, but they also offered valuable guidance, support, and hope.

“This is a fluid situation,” said Stefan Gravenstein, MD, MPH, AGSF, FGSA, FACP. “In Rhode Island, we have facilities with COVID-positive patients. We now require anyone being admitted to have a COVID-negative test. That has been advantageous.” In the absence of tests, they quarantine new admissions for 14 days.

Test Access, Accuracy Failures

Several panelists addressed the challenges with testing. Swati Gaur, MD, MBA, AGSF, CMD, said, “We have six COVID-positive patients so far. Hospitals couldn’t do tests prior to...

Empowering Staff and Partnering with Families in the Midst of a Pandemic

By Paige Hector, LMSW

Facilities across the country may find themselves in different stages of the pandemic. Adjust the recommendations to suit your facility’s needs.

The coronavirus epidemic in the United States has been declared a national emergency. Amid this unprecedented situation, all post-acute and long-term care professionals are working to take care of residents and patients as well as support each other to the very best of their ability. It is easy to get overwhelmed by staff shortages, visitor restrictions, and the often conflicting needs of staff, residents/patients, and family members. We would like to offer some suggestions to help PALTC colleagues find a way through.

Support Your Staff

• Recognize how stressful this situation is for the staff. Provide a safe environment for them to talk about their fears and worries. They may...
discharge, and we don’t have enough tests in our facilities. We do have an extensive screening process that we use," she added. “Things have changed for us now. We don’t take any admissions until we have all the tests on each patient.”

Dr. Nace said, “One thing I’m worried about is the issue of false-negative test results for people who are asymptomatic. We’ve observed that 20% to 30% of tests in these patients are false negatives, and he stressed, “Remember that tests aren’t always 100% sensitive or specific.” Dr. Nace recommended closely following the patients who can be asymptomatic or early cases. “Know their baseline and monitor them closely.”

Monitoring staff can be challenging as well, for instance, Dr. Gaur said, “Fever is not a common symptom in our staff. The Centers for Medicare & Medicaid Services wants us to actively monitor for fever, and we have temperature checks before they come into the facility, but we also ask questions about other symptoms.” Dr. Nace added, “We rely heavily on identifying symptoms such as gastrointestinal issues and headache. To be on the safe side, Dr. Gaur observed, “We have requested that all staff wear masks caring for all patients at all times” and avoid touching the front of their mask. Some states now require that all staff wear masks and those with direct patient contact wear full personal protective equipment (PPE).

### The Precious: Making the Most of Masks

Speaking of masks, Dr. Gravenstein noted, “N95 masks are a precious commodity. We use masks for all things, but we save the N95s for aerosol-producing procedures like intubations. We’ve also started using face shields to prolong the life of the mask.”

Dr. Gaur added, “We’re reusing our N95 masks; storing them in brown paper bags to extend their lives. We’re also using cloth masks and face shields over the N95.” For other PPE, Dr. Gaur said, “We have started risk stratification. We use cloth gowns that can be washed and reused to extend their life.”

Duke University, Dr. Gaur noted, has developed a cleaning protocol for N95 masks. This involves using existing vaporized hydrogen peroxide methods to decontaminate the masks so they can be reused. The process uses specialized equipment to aerosolize hydrogen peroxide, which permeates the layers of the mask to kill germs, including viruses, without degrading the mask material. However, Dr. Gaur observed, most facilities don’t have the capability for this currently. Decontamination methods have been summarized by the Centers for Disease Control and Prevention (“Decontamination and Reuse of Filtering Facepiece Respirators,” [https://bit.ly/2UP2h4P]).

AMA President Weighs In on COVID-19

In her general session presentation on Saturday, American Medical Association (AMA) President Patrice Harris, MD, MA, observed, “The pandemic has dramatically changed how we live, work, and care for those we love.” She told her virtual audience that the public is relying on them for “timely, accurate, and evidence-based information in the face of fear and misinformation.” She added, “There is a lot of disinformation out there. It is up to us as leaders to make sure the public and those in our profession know about and communicate trusted information. We start and end with the science.” The AMA is constantly updating its materials, Dr. Harris said. “The science and research are coming out quickly. As we learn more, there will be new information, and we want the public to expect new guidance and updates.”

Dr. Harris stressed that she uses the term “physical distancing” instead of “social distancing.” She explained that even as we must stay physically remote from others, “We have to stay socially connected.” She acknowledged that this can be challenging as business and employees suffer. However, the best step for economic recovery, she said, is to stop the spread of the illness. This requires patience, and she urged her audience to model and lead on this.

Turning to the concerns about PPE shortages, Dr. Harris said, “We have been actively, vigorously pressing for action on PPE and the need for test kits.” She has discussed this with President Donald Trump, she said, and has urged a coordinated strategy to address this.

Nursing homes and other post-acute and long-term care facilities have been a particular concern. Dr. Harris said, “It is critically important for your teams to have what they need to care for patients.” CMS has expanded telehealth service coverage and payment for skilled nursing facility patients, waived the 3-day hospitalization requirement for skilled care coverage, and loosened regulatory restrictions and red tape to help physicians and facilities address the pandemic. “We are working to get you the resources that you need,” she said.

In their heroic efforts to care for their patients and support their teams, Dr. Harris reminded the Society’s members, “We need to make sure we take care of ourselves.” She offered, “In this time of crisis, we should always remind ourselves that there is hope and that smart people are working on these issues.”

Ghiniwa Dumyati, MD, cautioned, “We need to make sure people don’t do crazy things like putting masks in the dishwasher or microwave.” If masks are cleaned at home, the N95 filter will change properties and stop being protective. Dr. Gravenstein mentioned a possibility of making masks using available materials like H600 sterilization fabric (University of Florida, “Mask Alternative,” [https://bit.ly/2VMsR5]). “You can sew these pretty cheaply and use them immediately,” he said. However, Dr. Nace noted that these homemade masks may not be adequate, especially depending on the kinds of material used to make them, and even effective ones will have a limited life span.

Dr. Nace stressed the importance of making sure that people know how to put on and remove their masks. “Have a buddy system where staff watch each other. This can help identify weaknesses in technique,” he said. “Create a blame-free environment for this.” He emphasized, “It is important to wash your hands before you touch the mask and immediately after to avoid contamination.” Never store masks in a plastic bag, he said; always use paper, and always use a new bag every time. “Cloth masks are good to prevent splatter,” said Dr. Gravenstein. They can be worn over the N95 mask to prolong its life, but washing them after each use is essential.

### Technology and Regulatory Efforts Launched to Help

Telemedicine has come front and center in the COVID-19 response. Dr. Gaur said, “We got telemedicine in a hurry. We decided that all medical director, clinical care, and meeting activities provided by me will be handled via telemedicine.” She added, “As leaders, we want to be present physically, but we do a great service if we don’t transfer the virus from one facility to another.”

Waivers now allow practitioners to do initial as well as 30- and 60-day visits via telemedicine. “We are now authorized to use Zoom and other platforms,” Dr. Nace said. “You can use this technology to maintain a presence in the facility, conduct meetings, and interact with care teams, as well as patients and families.”

### Communication Is Key

Keeping staff in the loop is essential, Dr. Gaur noted, stressing that regular meetings are important. These don’t have to be long — even 15 minutes can help address issues and keep staff invested. Dr. Gravenstein added, “The recommendations on addressing COVID-19 change day to day, so we have to constantly stay in touch with staff. We need to make sure they’re not doing things we don’t know they’re doing. We need to communicate frequently and stay up to date on the knowledge and how it impacts what we do.”

Despite the challenges of dealing with this pandemic, Dr. Nace stressed, “One of the most important things, especially in those individuals who are cognitively impaired, is to make sure that we talk to patients or families about what the goals of care should be.” He added, “If you’ve already had this discussion, it makes it much easier to reopen the conversation now.” It also is essential, he said, to have enough supplies on hand for end-of-life management, such as morphine.

The panelists, as well as several audience members, offered expert advice and
Empowering

from page 1

be dealing with complicated logistical challenges involving their own families, especially if they have children whose schools are shut down or they are caregivers for an older adult. The staff may also be struggling with their own family’s fears for their safety at work, and they may feel fearful about coming to work.

- Incorporate daily reminders for the staff to remain calm, compassionate, and kind. Ask the staff to share moments of kindness and compassion. Keep a log of these moments and share them regularly. Recognize how difficult this is on the staff, especially when they have to impose restrictions. They’re suffering and grieving, too.

AMDA – The Society for Post-Acute and Long-Term Care Medicine has developed guidance on protecting residents from potential emotional harm of COVID-19, available at https://paltc.org/COVID-19.

Build Partnerships With Families

- Develop and implement a plan to communicate regularly with families. Be proactive in offering information — don’t make them have to seek it out. Sample letters from administrators to families can be found on the website of AMDA – The Society for Post-Acute and Long-Term Care Medicine (https://paltc.org/COVID-19). Providing timely and factual information helps to garner families’ respect and trust.

- Everyone, families included, need to do, as much as possible, what they can to help identify creative ways to engage residents and alleviate loneliness and boredom. Think outside the facility! Think big! No idea is too silly — we all need something to look forward to and feel connected. Ask families and the surrounding community for ideas. There are likely many people who would love to help but don’t know how, especially given the logistical limitations.

Harness the Power of Words

- Even though we do not have all the answers, family members look to us as health care providers and professionals and expect us to lead the way. Coach the staff on how to focus on the facts of the situation. Provide the staff with simple, consistent talking points that they can comfortably share. Prepare responses to predictable questions such as “How long will the facility restrict visitors?” Discourage speculation and opinions: that includes being selective about what is playing on televisions in common areas. If the staff are asked a question and they are unsure of the answer, they should direct the individual to a member of the leadership team.

- Recognize there could be fear or even paranoid reactions from the staff, residents, and families when a resident has to go on isolation (e.g., Clostridioides difficile infection). Misinformation and fear spread very quickly, so have a plan in place to handle these situations, without betraying resident confidentiality and while remaining HIPPA compliant.

See EMPOWERING • page 12

COVID-19 RESOURCES

- COVID-19 Resources developed by AMDA – The Society for Post-Acute and Long-Term Care Medicine, https://paltc.org/COVID-19
- Library of COVID-19 Related Resources by the Florida Society for Post-Acute and Long-Term Care Medicine, https://bit.ly/3eISXYh

The Society provides webinars throughout the year for all those practicing in the post-acute and long-term care (PALTC) medicine continuum. Access live and recorded webinars for CME, CMD and MOC credits!

Webinars are FREE for Society members, and only $99 for non-members.

UPCOMING LIVE WEBINAR TOPICS INCLUDE:

- Sexuality and Intimacy in Older Adults
- International Pressure Ulcer/Injury Guideline
- Enhancing Coordination of Care Between Acute and Post-Acute
- Prescribable Resident Engagement is Here
- Trauma Informed Care for the Provider

And much more.

Recorded webinars on other hot topics are also available.

See the full schedule and register today at apex.paltc.org