

Today's Agenda

Time (MT)	Presentation	Presenter(s)
Noon – 12:05 pm	Welcome, Announcements, Introductions	Katy Palmer, Manager, ECHO Idaho
12:05 – 12:10 pm	Idaho Epidemiology Curves and Public Health Updates	Carolyn Buxton Bridges, MD, FACP
12:10 – 12:35 pm	Palliative Care and COVID-19: A Framework for Discussion	Caitlin Kinahan, MD
12:35 – 12:55 pm	COVID-19 Patient Case Discussion	ECHO Community of Practice
12:55 – 1 pm	Closing Pearls, Announcements, Call to Action	Katy Palmer, Manager, ECHO Idaho

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Idaho Epidemiology Curves and Public Health Updates

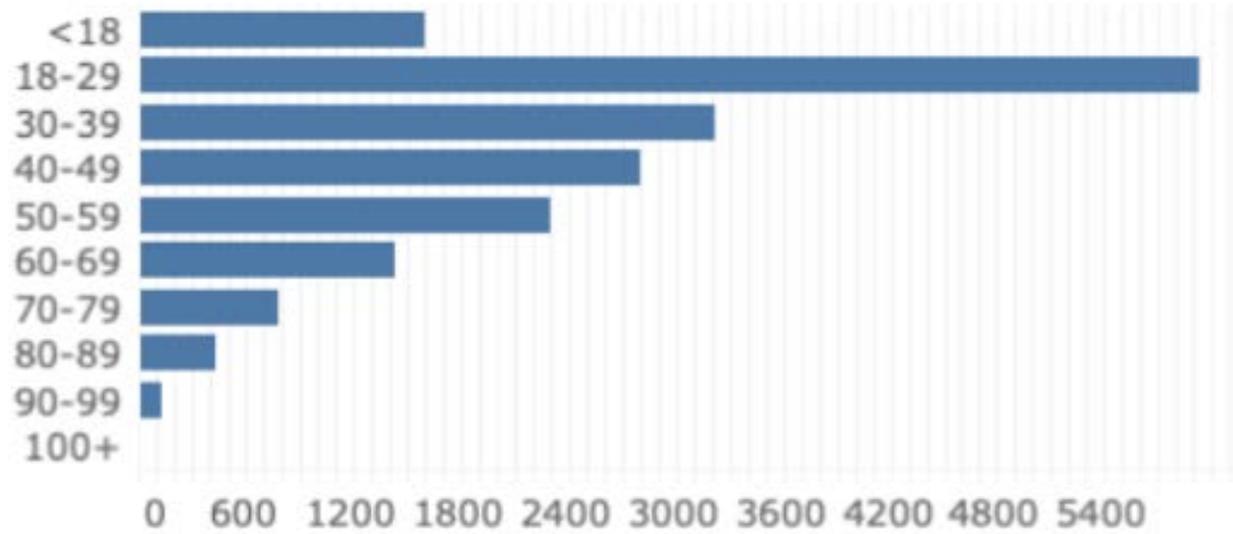
Carolyn Buxton Bridges, MD, FACP

Governor's Coronavirus Working Group, Former CDC Public Health Physician and Researcher

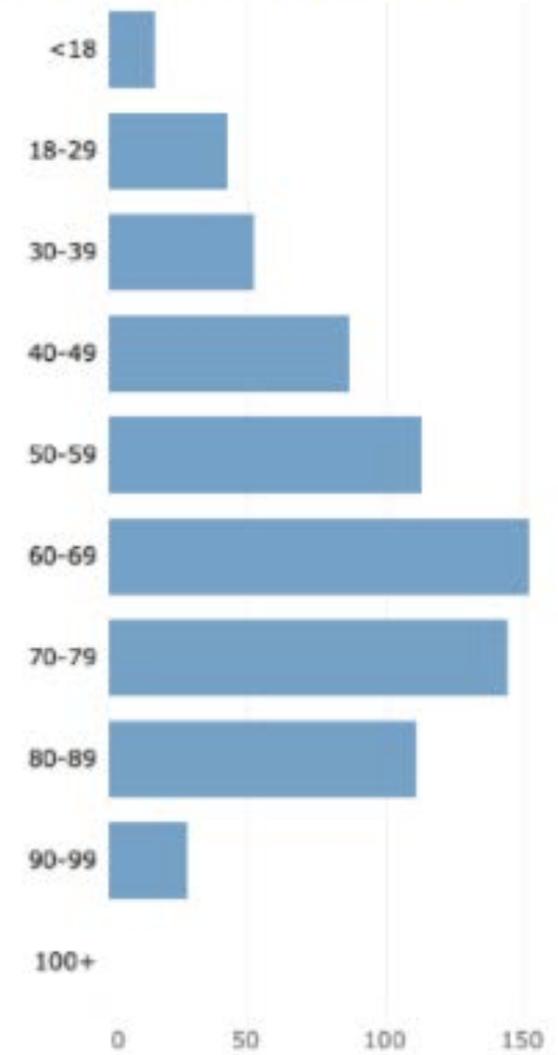
Case Counts and SARS-CoV-2 PCR Testing in Idaho

	5/19/2020	6/15/2020	7/13/2020	7/20/2020	7/27/2020
Total lab-confirmed and probable	2,455	3,462 ($\Delta 556$)	11,402 ($\Delta 7940$)	15,266 ($\Delta 3864$)	18,694 ($\Delta 3428$)
Deaths	74	88 CFR = 2.5	102 ($\Delta 14$) CFR = 0.18	122 ($\Delta 20$) CFR = 0.52	152 ($\Delta 30$) CFR = 0.88
Hospitalizations	213	270	500 ($\Delta 230$)	621 ($\Delta 121$)	750 ($\Delta 129$)
ICU admissions	89	100	144 ($\Delta 44$)	186 ($\Delta 42$)	224 ($\Delta 38$)
Healthcare personnel	295	366 ($\Delta 57$)	760 ($\Delta 394$)	908 ($\Delta 148$)	1,076 ($\Delta 168$)
Total tests	37,847	65,306 ($\Delta 17,436$)	129,540 ($\Delta 64,234$)	150,142 ($\Delta 20,602$)	169,588 ($\Delta 19,446$)

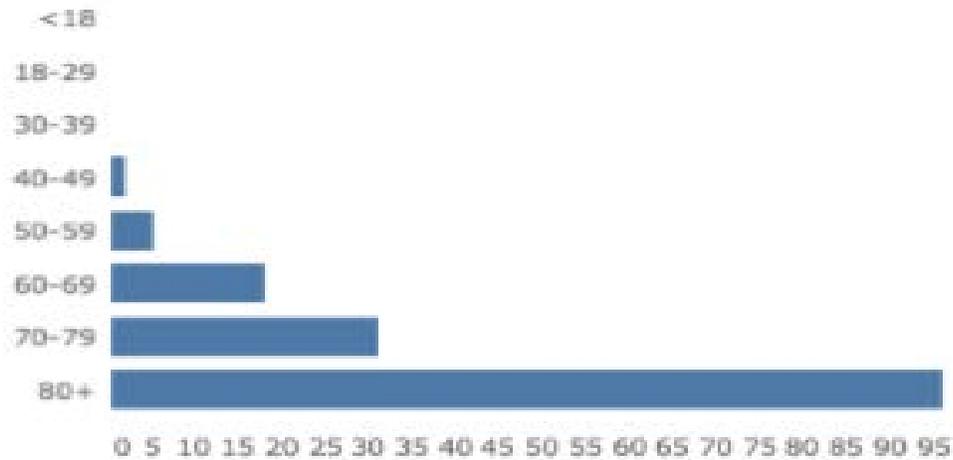
Cases by Age-Group



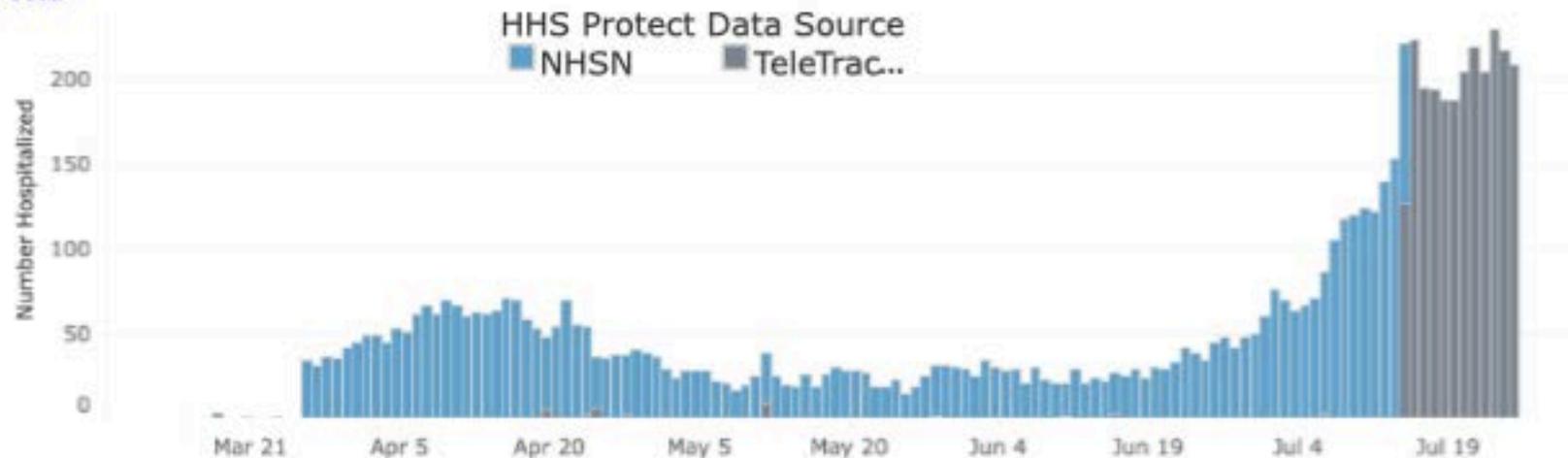
Age group of Idahoans ever hospitalized with COVID-19



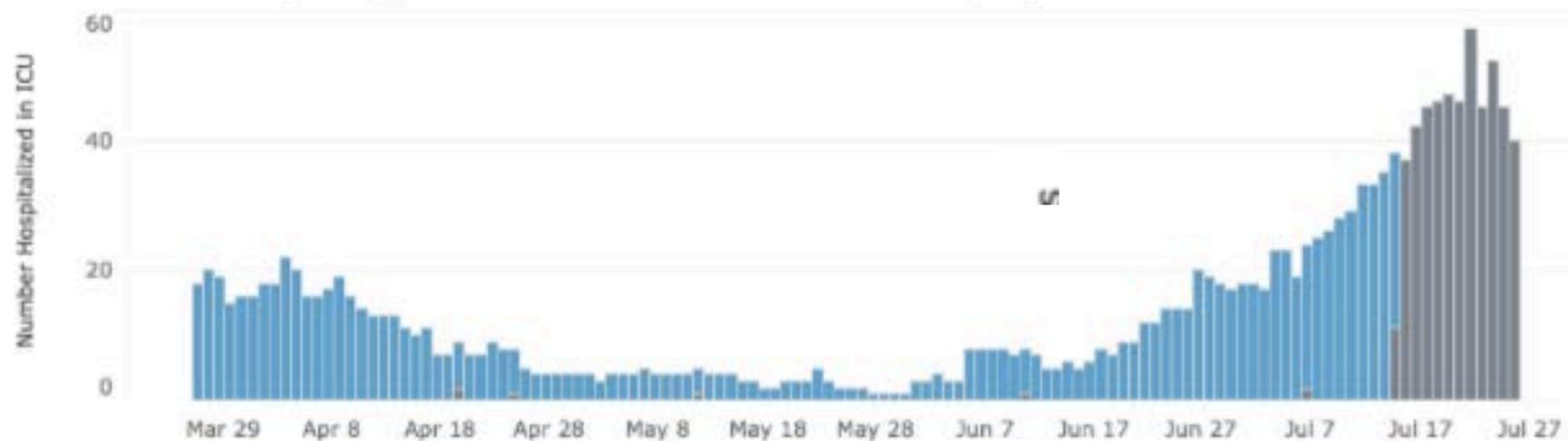
Deaths by Age-Group



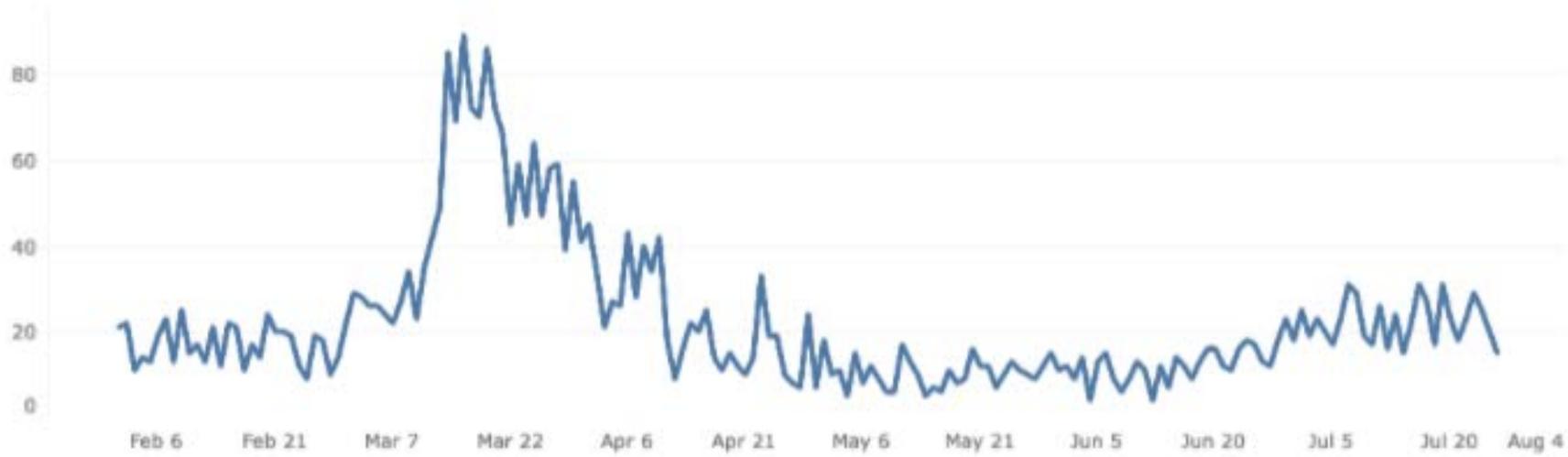
Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19*



Patients currently hospitalized in the Intensive Care Unit (ICU) with confirmed COVID-19*



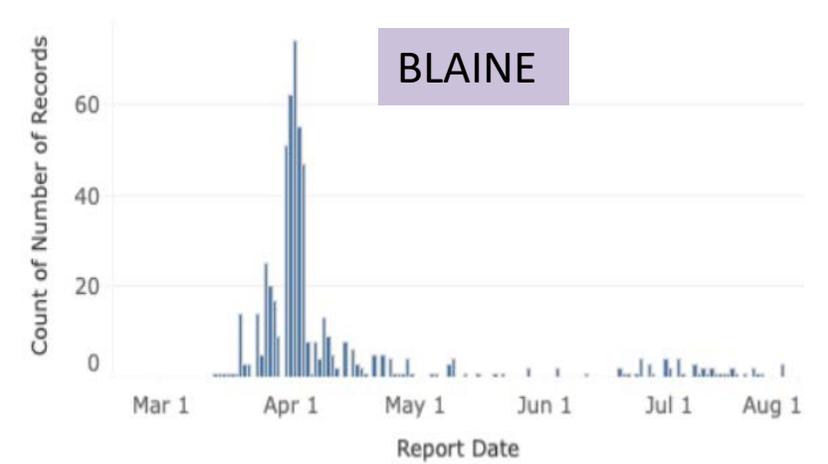
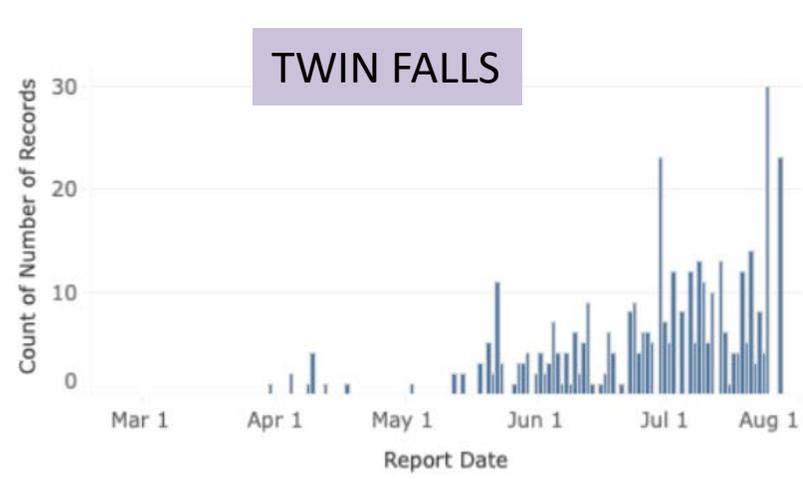
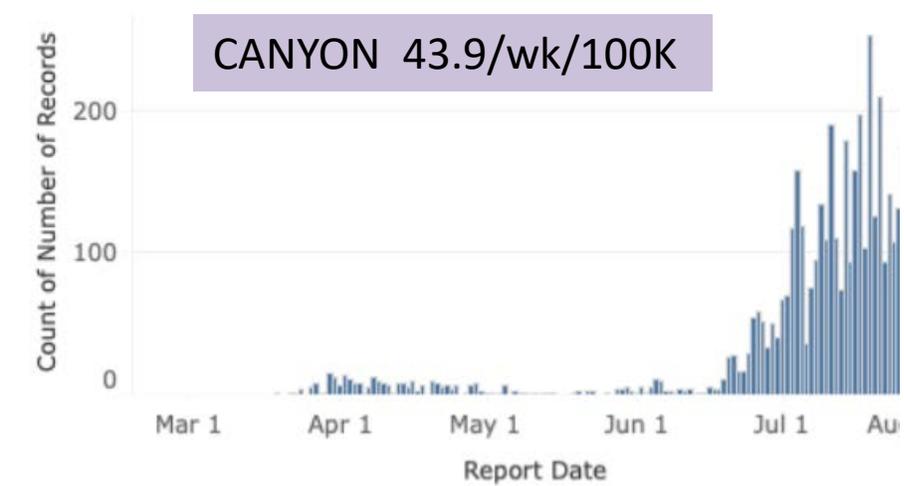
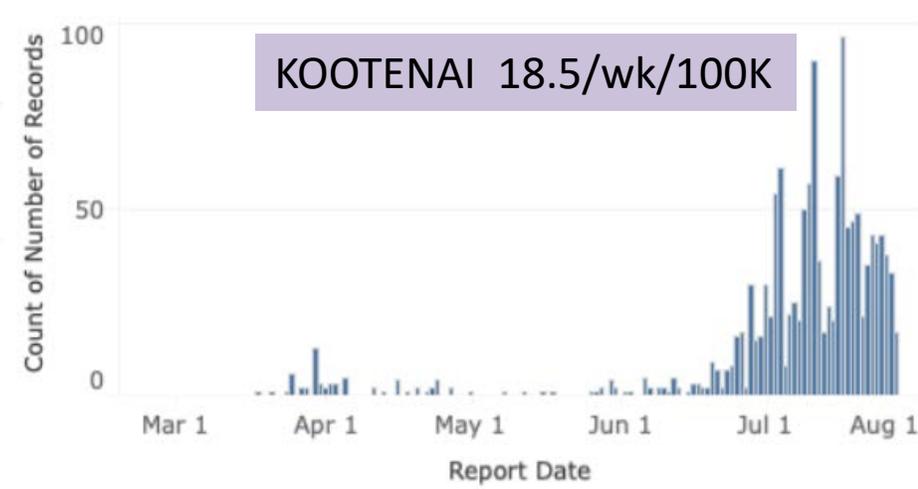
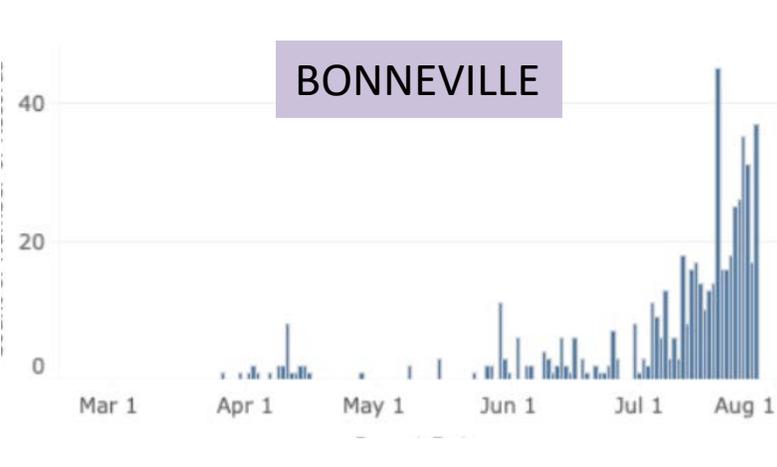
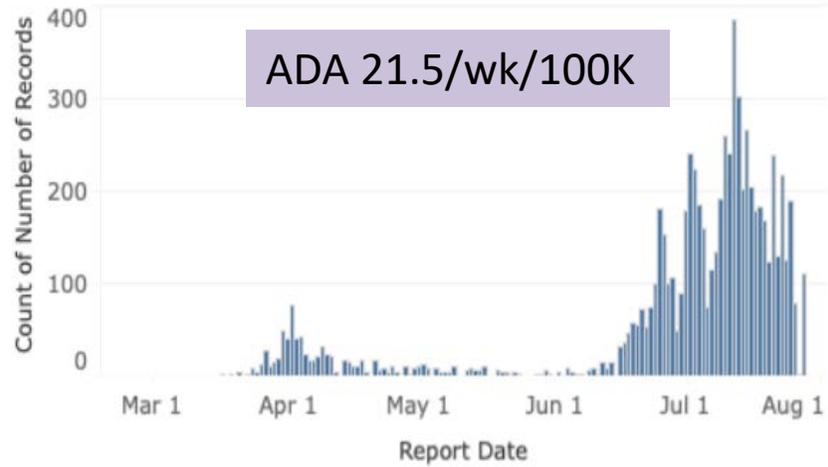
Number of Emergency Department Visits for COVID-Like Illness



Weekly PCR Laboratory Tests Completed and Percent Positivity by Specimen Collection Date¹



Epidemic Curves for Selected Counties



*Note differences in scales for different counties

Long-term Care Facility Outbreak Reports

- Updated weekly at: <https://coronavirus.idaho.gov/ltc/>.
- As of July 24, 2020
 - Total 92 outbreaks with 849 total cases
 - 29 facilities have resolved outbreaks.
 - 18 of the 29 resolved outbreaks included only 1 resident or staff member with COVID-19, and there was no further spread in the facility.
 - 80 COVID-19-related deaths associated with eighteen facilities.
- Currently, 63 long-term care facility outbreaks (<28 days since last case).

Palliative Care and COVID-19: A Framework for Discussion

Caitlin Kinahan, MD

Geriatrics and Extended Care, St. Alphonsus

Learning Objectives

- Describe the importance of advance care planning and early goals of care conversations in the context of COVID-19
- Outline important sites of primary palliative care and focus frameworks for discussion
- Helpful resources for clinicians

The Importance of Goal-Concordant Care

- Patients most likely to develop severe SARS-COV2 are older and have greater burden of chronic illness
 - More likely to find their quality of life unacceptable after prolonged life support
- Avoiding non-beneficial or unwanted care during times of stress on healthcare capacity
- Provision of unwanted/non-beneficial care may put other patients, family members, and health care workers at higher risk of COVID transmission

OUTPATIENT or LTC setting

ADVANCE CARE PLANNING – Patients with serious illness or multiple co-morbidities

- Often patients and family members will request a separate appointment to discuss goals of care
- Naming a healthcare agent or surrogate decision-maker – the most helpful part of the visit!
- Completion of POST form, Advance Directives/Living Will
- Documentation of other, more specific patient goals

SOME HELPFUL TALKING POINTS

WHAT THEY SAY	WHAT YOU SAY
I realize that I'm not doing well medically even without this new virus. I want to take my chances at home / in this long term care facility.	Thank you for telling me that. What I am hearing is that you would rather not go to the hospital if we suspected that you have the virus. Did I get that right?
I don't want to come to the end of my life like a vegetable being kept alive on a machine. [in a long term care facility or at home]	I respect that. Here's what I'd like to propose. We will continue to take care of you. The best case is that you don't get the virus. The worst case is that you get the virus despite our precautions—and then we will keep you here and make sure you are comfortable for as long as you are with us.



[PREPARE COVID-19 Resources »](#)

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the conversation project

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The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care. Download our free brand new guide specific to COVID-19 and additional resources.

EMERGENCY DEPARTMENT

RAPID ASSESSMENT, TRIAGE, ADMITTING

- If patient has prior documentation of values (GOC note, POLST etc) confirm that this is still consistent with their wishes
- Make note of who their surrogate decision-maker is
- Responding to emotions, especially about decision to admit often presents the challenge

When your patient needs to be admitted

WHAT THEY SAY	WHAT YOU SAY
How bad is this?	From the information I have now, your situation is serious enough that you should be in the hospital. We will know more in the next day , and we will update you.
Are you saying I can't have visitors?	I know it is hard to not have visitors. The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. They will be in more danger if they come into the hospital. I wish things were different. You can use your phone, although I realize that is not quite the same.
Is my grandfather going to make it?	I imagine you are scared. Here's what I can say: because he is 90, and is already dealing with other illnesses, it is quite possible that he will not make it out of the hospital. Honestly, it is too soon to say for certain.

ACUTE CARE and ICU

GOALS OF CARE AND THE ROLE OF INFORMED ASSENT

- Assess patient's goals and values – who was this person before the ICU?
- Aligning medical care with patient values, making recommendations

When things aren't going well

WHAT THEY SAY...	WHAT YOU SAY...
I want everything possible. I want to live.	We are doing everything we can. This is a tough situation. Could we step back for a moment so I can learn more about you? What do I need to know about you to do a better job taking care of you?
I don't think my spouse/parent would have wanted this.	Well, let's pause and talk about what they would have wanted. Can you tell me what they considered most important in their life? What meant the most to them, gave their life meaning?
I am not sure what my spouse wanted—we never spoke about it.	You know, many people find themselves in the same boat. This is a hard situation. To be honest, given their overall condition now, if we need to put them on a breathing machine or do CPR, they will not make it. The odds are just against us. My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully. I suspect that may be hard to hear. What do you think?

1 Assess patient's values and goals

- Elicit values and preferences for therapies and outcomes from the patient or designated family member and formulate overall therapeutic goals

"Is it important to your mother to live as long as possible, no matter what her quality of life, or are there circumstances in which she would not want to receive life support, such as a prolonged nursing home stay?"

No

Is longevity the patient's primary value above all else, including quality of life?

Yes

Proceed with informed assent

Informed assent not appropriate

2 Discuss cardiopulmonary resuscitation (CPR)

- Briefly describe CPR explaining how, when, and why it is performed

"We want to be sure we are taking the best possible care of your mother, so I would like to talk to you about CPR."

3 Summarize the role of CPR

- Provide a personalized explanation about the lack of ability of CPR to achieve the previously assessed patient goals

"Given what you have told me about your mother and her goals, CPR will not help her reach her goals."

4 Present a definitive assent statement

- Inform the patient or the patient's family that CPR will not be offered

"Since CPR will not work to achieve your mother's goals in this situation, we do not provide it."

5 Assess understanding and allow for objection

- Discuss the patient's or family's understanding of the assent statement, the decisions made, and any objections they may have

"I want to make sure you understand. Do you have any questions?"

Proposed Components of Informed Assent Framework.

Curtis et al. *JAMA*. 2020;323(18):1771-1772.
doi:10.1001/jama.2020.4894

Clinician and Patient Resources

- Prepare for Your Care -
<https://prepareforyourcare.org/welcome>
- The Conversation Project -
<https://www.theconversationproject.org/>
- VitalTalk COVID19 Communication Skills -
<https://www.vitaltalk.org/guides/covid-19-communication-skills/>

References

- Curtis JR, Kross EK, Stapleton RD. The Importance of Addressing Advance Care Planning and Decisions About Do-Not-Resuscitate Orders During Novel Coronavirus 2019 (COVID-19). *JAMA*. 2020;323(18):1771–1772. doi:10.1001/jama.2020.4894
- Gibbon LM, GrayBuck KE. Development and Implementation of a Clinician Facing Prognostic Communication Tool for Patients with COVID-19 and Critical Illness. *Journal of Pain and Symptom Management*. 2020; Volume 60 Issue 2, e1-e6.

COVID-19 Patient Case Discussion

ECHO Community of Practice

Case: Long Term Care Facility Labor Pool

Facility A in public health district 3 develops COVID outbreak:

- 25 patients test positive (out of 61)
- 16 staff positive (out of approximately 150)
- 59 staff out of work x 14 days due to quarantine/exposures
- CNA from Facility A leaves facility due to positive cases and risk of exposure
- Facility B in public health district 3
 - 50 beds, approximately 120 employees (including contractors)
 - No cases among residents
 - No confirmed cases among staff, but 22 staff out for quarantine d/t exposure
 - Hires CNA from Facility A; they are unaware of her prior workplace exposure

Case, Continued...

- Facility B
 - CNA develops symptoms on 3rd day of work; COVID +
 - 19 residents positive (out of 50)
 - 6 other employees positive
 - >40 staff out due to exposure
 - Must reduce census

Discussion

- How are facilities managing their labor pool? *Especially nursing staff?*
 - Contractors?
 - PRNs? Agencies?
 - New employees?
- What guidelines or mandates exist to govern labor pool decisions?
 - CMS?
 - State?
- What are best practices to mitigate labor pool transmission risks?
 - Are there lessons learned from other settings? Clinics, Dept of Corrections, etc. ?
 - Fundamental principles:
 - Pre-shift screening
 - Serial Surveillance Testing
 - PPE! Donning and Doffing and PPE Fatigue

JOIN US FOR OUR NEXT SESSION!

For information, please visit uidaho.edu/echo

- Tuesday, August 4 at noon MT

Ongoing Resource List

RESOURCES FROM TODAY'S SESSION AND PAST SESSIONS CAN BE FOUND IN OUR ONGOING RESOURCE LIST.

<https://iecho.unm.edu/sites/uidaho/download.hns?i=440>