## Today’s Agenda

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

The University of Idaho, WWAMI Medical Education Program is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Idaho, WWAMI Medical Education Program designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
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

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

[https://coronavirus.idaho.gov](https://coronavirus.idaho.gov)
Cases by Age-Group

Deaths by Age-Group
Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19:

- NHSN
- TeleTrac...

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

- Number Hospitalized in ICU

[Graphs showing hospitalization trends over time]
Epidemic Curves for Selected Counties

- **ADA 21.5/wk/100K**
- **BONNEVILLE**
- **KOOTENAI 18.5/wk/100K**
- **CANYON 43.9/wk/100K**
- **TWIN FALLS**
- **BLAINE**

*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.

• 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

<table>
<thead>
<tr>
<th>WHAT THEY SAY</th>
<th>WHAT YOU SAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Thank you for telling me that. <strong>What I am hearing is that you would rather not go to the hospital if we suspected that you have the virus.</strong> Did I get that right?</td>
</tr>
<tr>
<td>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]</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.
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

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

<table>
<thead>
<tr>
<th>WHAT THEY SAY...</th>
<th>WHAT YOU SAY...</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want everything possible. I want to live.</td>
<td>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? <strong>What do I need to know about you to do a better job taking care of you?</strong></td>
</tr>
<tr>
<td>I don’t think my spouse/parent would have wanted this.</td>
<td>Well, let’s pause and talk about what they would have wanted. Can you tell me what they considered most important in their life? <strong>What meant the most to them, gave their life meaning?</strong></td>
</tr>
<tr>
<td>I am not sure what my spouse wanted—we never spoke about it.</td>
<td>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. <strong>My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully.</strong> I suspect that may be hard to hear. What do you think?</td>
</tr>
</tbody>
</table>
Proposed Components of Informed Assent Framework.

Clinician and Patient Resources

• Prepare for Your Care - https://prepareforyourcare.org/welcome
• The Conversation Project - https://www.theconversationproject.org/
References


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 SurveillanceTesting
    • 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
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