

Week 11: Promoting Safe Care Transitions during COVID-19 – Admissions, Discharges and Transfers

Session Information
<p>Session Topic: Promoting Safe Care Transitions during COVID-19 – Admissions, Discharges and Transfers</p> <p>National Expert Presenter(s):</p> <ul style="list-style-type: none"> • Ellen Flaherty
COVID-19 Content: Promoting Safe Care Transitions during COVID-19 – Admissions, Discharges and Transfers
<p>Presentation Title: Promoting Safe Care Transitions during COVID-19 – Admissions, Discharges and Transfers</p> <p>Session Description: This presentation will describe the different types of care transitions in the long term care setting and will describe tools and tactics that can be used to ensure these care transitions are done safely during the COVID-19 pandemic.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> • Describe safe nursing home admission process during COVID-19 • Describe safe nursing home discharge process during COVID-19 • Identify models that support reducing avoidable facility transfers
<p>Required Resources</p> <ul style="list-style-type: none"> • Video: Promoting Safe Care Transitions during COVID-19 – Admissions, Discharges and Transfers
<p>Special Considerations</p> <ul style="list-style-type: none"> •
Quality Improvement: Moving to Action
<p>Learning Objectives:</p> <ul style="list-style-type: none"> • Share successes and challenges • Identify one or more ideas to try • Plan for trying a new idea
<p>Required Resources:</p> <ul style="list-style-type: none"> • Improvement Questions Facilitation Framework <p>Activity:</p>

- Plan and execute on prioritized change ideas

Discussion

Guided Questions

- Does each resident have a Goals of Care/What Matters conversation and decisions/preferences documented in their record?
- Who monitors resident records to determine if choices around care transitions are clearly documented? How is this information communicated to leadership and all relevant members of the healthcare team?
- What actions are taken if care transitions documentation is missing or inadequate for decision-making during an acute change in condition?

Sample Case & Case Questions

During admissions and transfers, resident medications are reconciled and updated by nursing home care teams. Some medical directors or COVID-19 Task Force Teams have implemented standard order sets for nursing home residents to try to prevent or mitigate the effects of COVID-19. Two examples are listed below:

Standard Order Set #1:

Labs - CBC, CMP, CRP, Ferritin daily for 3 days then weekly when recovered.

Medications: thiamine, zinc, quercetin, melatonin, vitamin D, vitamin C, methylprednisolone.

Standard Order Set #2:

Medications: mirtazapine, famotidine, melatonin, azithromycin, dexamethasone, vitamin C, vitamin D, zinc and enteric-coated aspirin.

- What are the pro's and con's of using a standard order set such as the ones listed here or others?
- Is there enough scientific evidence of improved clinical outcomes to support using the order sets listed here as standing admission orders?
- Which agencies or organizations should make the decision about whether or not nursing homes use standard order sets for new residents or transfers (readmissions)?
- What are some non-pharmacological approaches that may be considered in goal setting and care planning for residents with COVID-19 signs/symptoms or who are COVID positive?