

Session 9: Interprofessional Team Management of Mild COVID-19 Cases

Key Takeaways:

- Person-centered goal-setting and care planning, including advance directives, are essential components of being prepared for COVID-19.
- COVID-19 signs and symptoms may be less typical in older adults; therefore staff, resident and care partner education must be started early and repeated frequently.
- The need for more intensive and/or frequent clinical assessment must be re-evaluated, as resident condition may change suddenly and dramatically. Residents may require clinical assessment at least 2-3 times daily.
- Communication regarding palliative care options may enable residents to be treated in the nursing home.
- Having leaders visible on the units and supporting staff promotes accountability.

The following question set can be used to facilitate discussions and reveal opportunities across and within key members of interprofessional teams, residents and visitors. Please consider using/adapting them in your next huddles or team meetings.

Questions by Content

Include <i>how to manage mild cases</i> in overall infection prevention and management plan	Are there written communication materials and resources to inform everyone about how to manage mild COVID-19 cases in the nursing home? If an auditor asked a nursing home team member to differentiate between mild, moderate and severe cases of COVID-19, would the staff person be able to articulate the differences and how to modify treatment if needed (including when transfer to a higher level of care might be considered)?
Document and Report Number of COVID Cases	Is there a process in place for documenting and reporting all resident COVID positive cases, tracking outcomes of cases that are managed in the nursing home (i.e., deaths, hospital transfers, residents who have recovered)? Are numbers of cases, deaths, hospital transfers and recoveries compiled and reported to leadership, as well as to required NHSN or state agencies?
Follow-Up Plan (monitoring over time)	Is there a COVID-19 Team or Task Force that reviews each case including outcomes, total number of cases with unit/room locations, actions taken, documentation on a regular basis? Are updates/changes to processes and systems made in a timely manner and shared with relevant stakeholders?
Improvement Concepts	Is the IP or designee in regular communication with relevant staff to share best/better practices, to conduct root cause analysis and to review and discuss case reports? Does the IP ask staff members (particularly direct care workers), residents and visitors for feedback on what would improve management of mild COVID-19 cases in the nursing home?

Critical Questions for Leadership

	Is there evidence that the IP or appropriately trained designee is following nursing home protocols for management of mild COVID-19 cases? Who within leadership conducts this review, how often, how are results communicated to staff members? Does leadership review whether or not staff are communicating with care partners/family members (if requested by the resident or if health care proxy has been invoked)?
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Key Concepts by Stakeholder Group

What do Medical Directors Need to know and discuss with the team?	Medical directors must be familiar with updated guidance from CDC, CMS, state departments of public health and local boards of health on definitions of mild, moderate or severe COVID cases and how providers may make decisions about management in the nursing home or at a higher level of care. Medical director consults with DON, administrator, IP, and/or other clinical staff on ability to manage mild cases in the nursing home, including whether or not staffing is sufficient (quality and quantity), whether there is an adequate supply of PPE and other necessary resources.
What do DONs and nursing supervisors need to know?	DONs must have a system for assessing and monitoring staff knowledge and skills related to identification and management of mild COVID-19 cases. DONs must assess frequency and content of communication and updates among staff, residents, care partners or family members.
What does the interprofessional team need to know?	Team members must know where to find updated information on management of COVID cases – this includes updates from the CDC, CMS, state departments of health and local boards of health. Team members (all departments) must be able to describe immediate actions to take if a new or suspected case of COVID-19 is identified through screening or other means of detection. Team members must consistently and reliably demonstrate that they document and report any concerns to their supervisor or leadership in a timely manner.

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See CDC link below, sub-section titled, <i>Evaluate and Manage Residents with Symptoms of COVID-19</i> : https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html .
