COVID-19 UW Post-Acute Care Prevention & Education Proposal (Delayed Phase)

GOAL

- Decrease and slow the spread of communicable disease as a public health service.
- Decrease burden on local acute care hospitals, area clinics, and EMS services

INTERVENTION: focused on prevention, containment and clinical management, and then triage to higher level of care when needed.

- EDUCATION:
  - All staff education
    - Infection control basics
    - Types of PPE for COVID
    - Donning/Doffing PPE
    - Signs and symptoms
  - Infection control expertise with administration:
    - On site observation and assessment
      - Observe current practice and provide feedback.
      - Isolation planning and implementation of suspected and positive patients.
      - Future planning for regularly scheduled and as needed visits.
      - Institute site monitoring of infection control practices and feedback.
    - Teaching for nasopharyngeal swabs to select group (day/night times staff) in each SNF to carry forward.
  - Medical staff (MD/ARNP/PA; DNS/RCMs/Night Charge RNs)
    - Protocols for increased surveillance of patients with symptoms.
    - Protocols for coordinated transfer

- STAFF SUPPORT
  - Testing for symptomatic SNF staff/employees
  - PUI tracing assistance for SNF of their staff/employees if having symptoms
  - PPE for staff members collecting samples
  - Clinical staff assignment for related confidential medical concerns

- CLINICAL GUIDANCE and MANAGEMENT
  - Implement protocols for clinical management
    - Increased scheduled surveillance (vital signs, clinical evaluations)
    - Availability for escalation of care (IV access and fluids)
    - On call clinician.
  - Plan for increased activities in setting of identification of positive patients (See “Drop Team” Proposal)
    - Evaluation and testing team
    - DMCC involvement
    - Management moved to incident command
  - Implement testing criteria
- Implement check list of supplies and services to remain in place if possible
- Clinical guidance of patients via telemedicine by health system/hospital physicians
- Transfer protocol with DMCC

**REQUESTED RESOURCES**

<table>
<thead>
<tr>
<th>Resources</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Infection control experts</td>
<td>Will be needed for infection control</td>
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<tr>
<td>PPE</td>
<td>Will need list of personnel responsible for test collection and inventory of PPE.</td>
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<td>Clinical Team: Physician and Nurse Educators</td>
<td>Introduce protocol to medical staff and implement; Infection control education; teaching of NP swab technique</td>
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<td>Administration</td>
<td>Coordination of efforts</td>
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<td>Clinical Team</td>
<td>Consider volunteer pool</td>
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<td>Information Officer</td>
<td>Messaging</td>
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**ORGANIZATIONAL QUESTIONS**

1. Which organization will stand up the coordination to support these efforts?
   a. Part of operations, managed by ambulatory care?
2. Where will the clinicians and support staff come from?
3. Who will manage the relationships? SNF, outside providers?