

Therapy Best Practice to Support Facilities During COVID-19 Pandemic

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Premier Therapy

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Objectives

1. Participant will list and describe the many roles therapy can play during the COVID-19 Crisis
2. Participant will define the support levels of therapy and efforts they can do to reduce risk of infection spread in facility
3. Participant will explain the collaboration necessary with IDT members to keep the residents safe, healthy and as independent as possible



Partnership to Make It Through

- Manage the challenges of the COVID-19 crisis through strong partnership built on **communication, dedication and a shared vision**
- **Collaboration and creativity** arose to break through adversity
- Culture of Compliance with fundamental **education, competency, and oversight**

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The Basics – Foundations of Universal Precautions

Yearly training: OSHA, HIPAA, Fraud and Abuse, and Resident's Rights and Protections

OSHA including Universal Precautions/Infection Control

- Completed with return demonstration
- Established basis of good practice
- Requires no unlearning of bad habits
- Therapy should receive corporate, as well as, facility specific training

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The Basics – Foundations of Universal Precautions

Infection Control Review should also include:

- Review all equipment specific infection control standards
 - Ultra Sound – Estim (pads – reusable still out in clinics)
 - Gait Belts
 - Walkers/Canes
 - Cushions
 - Speech Cards
- Remember to include computers/tablets in basic training
 - Pens/tablets

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Infection Control – Therapy Service Delivery under COVID-19

Mode of treatment considerations:

- Type must be indicated with clinical decision making evident
- Remember group treatment is a treatment mode that must be approved by the physician on the plan of care
- Under COVID-19, any mode of treatment requiring 2 or more residents were likely suspended
- Clinically needs to be supported in the documentation

Infection Control – Therapy Service Delivery under COVID-19

Therapy Schedule Changes:

- Expanded therapy hours over 7 days a week to ensure social distancing within the clinic for both therapists and patients
- Limited therapy staff to one building per day (PRN and full time/part staff)
- Scheduled COVID positive patient for last sessions of day
- Consistent assignment of therapist to patient

Infection Control – Therapy Service Delivery under COVID-19

Physical Space and Operations Changes To Reduce Risk of Infection:

- If still in the gym, evaluate your treatment area and eliminate the waiting space to ensure that patients are a minimum of six feet apart from one another at all times.
- Treat one patient at a time in gym if maximum distance cannot be maintained or per facility policy

Infection Control - Therapy Service Delivery under COVID-19

Therapy equipment – must be properly disinfected between patients

- Please account for wet time for products
- Worn equipment (holes/cracked) – should be disposed of to reduce risk.

Quarantine – No therapy equipment should be used that cannot be properly disinfected or thrown away

- Gait Belts?
- Rice bins

Personal Therapy Equipment

- Rice filled water bottles (left in room)

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Infection Control – Therapy Service Delivery under COVID-19

PPE DON/DOFF – with COVID Facility specific protocols

- Don't forget to include therapy staff on all training as a rule; Because the state won't

Management of Infection Risk with Patients with suspected or diagnosed COVID-19

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Infection Control – Therapy Service Delivery under COVID-19

- Advise patients to wear a face mask or covering at all times per facility policy.
- Take patient temperatures and vitals upon entry to treatment and after
 - Use formal communication such as Interact

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Therapy Needs to Prepare for Survey Too

- **COVID-19 Focused Survey for Nursing Homes**
- (3/20/2020) Page 1 **Infection Control**
- This survey tool must be used to investigate compliance at F880 and determine whether the facility is **implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities.** Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>
- This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

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Therapy Needs to Prepare for Survey Too

- If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19.**”
- **If surveyors see concerns related to compliance with other requirements, they should investigate them** in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to **Emergency Preparedness** in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., **for emergency staffing**).
- For the purpose of this survey tool, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and
- **Therapy needs to make sure all staff is prepared to follow guidelines and can demonstrate competency to reduce risk of spreading infection**

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Use the Surveyors Tool to Prepare

<https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>

Accessed 6-11-20

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Treatment Strategies for COVID-19 Patient

Exercise and PPE guidelines in the management of patients with suspected or diagnosed COVID-19

- https://www.wcpt.org/sites/wcpt.org/files/files/wcptnews/images/Physiotherapy_Guideline_COVID-19_FINAL.pdf
- <http://www.apta.org/PatientCare/COVID-19/PatientManagementAdult/>

Special considerations must be made for dementia patients

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Prevalence and Symptoms of Alz./Dementia Patients

- > than 5 million Americans age 65 or older have Alzheimer's/Dementia DX in 2020
- Almost half of persons in LTC/AL housing are living with Alzheimer's or other dementia
- Alzheimer's disease is the most common cause of dementia and makes up for 60-80% of all cases
- Common symptoms: decline in cognitive abilities, loss of memory, poor judgment, changes in personality, disorientation and decline in abstract thinking- which puts them at high risk during this pandemic

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Reducing Risk With Dementia Patients

- Because of their decline in cognitive abilities, patients will need added support, structure and guidance to reduce their risk of contracting or contaminating others or areas with COVID-19
- In preparation for treatment, remember things that help with impaired cognitive patients: hearing aids, glasses on patient, communication board, pictures, etc. since patients cannot read lips or see facial expression with mask, goggles and face shields
- COVID + patients are showing neurological deficits including cognitive loss, and in the case of a dementia patient worsening level of cognition

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Considerations For Reducing Risk With Dementia Patients

- Hand washing schedule- wash aides and moisturizers used afterwards
- Use redirection or Daily Activities to keep patients focused or keep them from wandering, putting things in mouth, touching surfaces or other patients
- Assign levels of supervision according to cognitive abilities- need help with volunteers for social distancing, 1:1 is best
- Follow regimented medication schedule to decrease behavior escalation

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Behavioral Considerations

- There is a reason for behaviors, and it is a form of non-verbal communication for a feeling, unmet need or intention
- Triggered by an interaction by the person to his/her social or physical environment
- Try to understand root cause of the behavior (See behaviors handout)
- Implement Strategies to diffuse behavior

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A Focus on Wanderers

- Pose an increased risk of contaminating areas or touching patients
- The behavior may increase in times of uncertainty, increased stress or agitation
- Consider:
 - Safe spaces to walk
 - Secure perimeter for supervised walking
 - Try structured exercise/activities throughout day
 - Outdoor ambulation and safe activities outdoors

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Considerations For Reducing Risk With Dementia Patients

- What triggers behaviors?
- What calms the patient?
- Normal routine and schedule
- Eating and drinking abilities and patterns
- Religious/Spiritual practices
- Remaining abilities with function, cognitive and communication

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Considerations For Reducing Risk With Dementia Patients

- Sleep assistance and schedule
- Social distancing set up for different rooms and different themes
- Keep routines/environments as similar as possible
- Keep same staff/caregivers with each patient as possible
- Know the patient so you can adjust to their needs quickly:
 - Preferred name
 - Cultural background
 - Names of family and friends
 - Hobbies and interests
 - Sleep habits

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Strategies to Diffuse Behaviors

- Rule out basic needs
- Speak in low and calm voice
- Remove from excess stimulation
- Validate persons emotions-affirm their feelings
- Offer reassurance and understanding even if not rational without challenging their words
- Be aware of past traumas (Vet, Abuse survivor, etc.)
- Do not argue or use physical force

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Strategies to Diffuse Behaviors

- Offer favorite food or drink
- Sharing photos of friends and family
- Listening to music
- Aroma therapy
- Looking at books or magazines
- Calming room or space
- Exercise

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Strategies to Diffuse Behaviors

- Activities or purposeful tasks
- Relaxation techniques or breathing exercises
- Spiritual activities
- Warm blanket/Weighted blanket
- Cool washcloth on face or neck
- Talking with favorite person on staff
- Rocking chairs and calm space

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Reducing Behaviors By Keep Lines of Communication Open

- Connection with friends and family
- Phone calls
- Video chats
- Cards and notes
- Communication aids are used if necessary- Communication boards, hearing aids, eyeglasses, etc.

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Nutrition Very Important

- To keep strength up to resist infection
- Offer assistance with eating and drinking if necessary
- Involve Health professionals- dietician or ST to help with issues
- Be aware of signs and symptoms of aspiration- communicate and get HCP involved
- OT can help with adaptive equipment to help with getting food or drink to mouth
- COVID + patients are having significant issues with dysphagia and will require the services of an SLP

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Communication

- Therapy continues with daily and/or weekly calls to families and physicians to keep them up to date on status and answer questions
- Video chats with caregivers and IDT members to review POC and goals of resident
- Collaboration with Nursing for proper scoring of Section GG and MDS assessments in light of staff affected by COVID-19
- Therapy implemented vital sign checks including temperatures of residents daily during treatment and communication to nursing to monitor health of resident
- Consistent Customer updates from leading authorities: CMS, CDC, and Associations

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Dedication to Processes

- High risk feeding patients were assessed and assigned by Therapy to ensure each person's safety and proper nutrition
- OT and ST collaborate with nursing staff to treat and lend support during meals
- To boost moods of residents, treatment by Therapy is completed outside if allowed by facility
- OT incorporates making of beds and changing linen as part of home making skills and balance goals during treatment to lessen burden of nursing staff but also to meet discharge plans so patient may return home
- Consistent staffing to same patients to decrease risk of cross contamination
- No concurrent or group treatment as well as expanded gym hours and 7 days a week therapy schedules

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Shared Vision

- To help alleviate staffing shortage during COVID-19 crisis, Therapy incorporates daily tasks to be met by nursing aide staff into functional activities to meet resident goals (e.g. folding laundry, passing mail, cleaning tables)
- Therapy works with Activities Department in projects (making face masks) and communication boards to help with residents' safety and independence
- Therapy changed treatment schedules to meet protocols of facility of social distancing and reduce risk of infection
- Enhanced cleaning schedule of areas and equipment to reduce risk of contamination

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Collaboration UR & PHE Waivers

The UR Process Monitors Level of Care & Length of Stay

- Review waiver criteria and resident lists
- Is the resident receiving specified skilled resources? (Compare resources ordered and delivered)
- Are the specified skilled resources appropriate?
- Is the level of care accurate based on needs, condition, diagnosis?
- Was the LOS as predicted? If not, why not.

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Resources

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-termcare.html> Accessed 6-11-20
- www.CMS.gov - Ref QSO 20-20-ALL Survey Activities
- CDC, Coronavirus Disease 2019, Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease, May 20, 2020. Accessed June 2020.
- CDC, Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID 19, May 18, 2020. Accessed 6-1-2020.
- <https://alz.org/professionals-providers/coronavirus-covid-19-tips-for-dementia> Accessed 6-1-20
- AHCA/NCAL, The Role of Physical, Occupational and Speech-Language Pathology Personnel in LTC Facilities During the COVID 19 Pandemic, March 19, 2020. Accessed June of 2020.