

Department of Medicine  
Medical Grand Rounds Webinar: COVID-19 Updates  
April 21, 2020  
7:30 a.m. to 8:30 a.m.

**Questions submitted by participants during webinar**

*The answers provided are relative to a specific point in time and are subject to change as the management and care for COVID-19 patients continues to evolve*

**1. How does this compare to influenza each year?**

*Answer: COVID is worse. From my clinics and LTC experiences, more older adults seem to be dying from COVID and dying quicker. The ability to vaccinate for flu might mitigate the losses from the flu. Development of a COVID vaccine would definitely help.*

**2. Aside from containing the virus how else does testing symptomatic patients help as they are presenting classically?**

*Answer: Older adults are not all presenting classically. There are a number of patients not presenting with fever and cough but with fatigue, mental status changes, GI issues.*

**3. Sounds like Dr O'Brien was able to get covid testing for memory care, but seems like most SNFs are not able to get testing for staff and patients? Are there plans to get more universal testing?**

*Answer: Over the weekend, the Governor announced that IDPH would be universally testing health care workers in SNFs and sent the National Guard to 2 SNFs to conduct testing. While it is an excellent idea, it will be very hard to implement in the short term and there would likely need to be repeat testing.*

**4. Do you have recommendations for taking care of patients with dementia and Covid in the hospital in terms of supporting nonpharmacologic behavioral interventions?**

*Answer: Same as with dementia without COVID.*

**5. If a state does not test patients in a SNF, then the covid deaths will be massively underreported?**

*Answer: Yes.*

**6. Will mandated reporting apply to assisted living as well as the LTCF/SNFs?**

*Answer: SNFs are federally regulated so CMS looks like it will be mandating reporting. For AL/IL, depends on the state by state regulation.*

**7. Can you talk about the difference between a low resource and well-resourced LTC facility, senior, centers, SNFs. How do the disparities play into spread, outcomes?**

Answer: It is more complicated than high/low resources. Medicare is a major payor for SNFs and Private Pay is a major payer for IL/AL. Most facilities are “for profit” and those run as non-profit or by charitable organizations are very few. During the 2009 financial depression, LTCFs were booming and one of the few industries that experienced financial growth and profits. Many times profits/funds are spent on resident amenities, marketing, etc. instead of Infection control. There are not many facilities who prioritize infection control – up until this COVID crisis. Things that can reduce infections like paid time off for sick nursing/CNA staff or Infection prevention education for staff are often not standard. Many places did not even have hand sanitizers available when you enter/leave a patient room – since they were trying to make it feel more like a home setting instead of a hospital room. So to answer the question – it is more about how the resources are spent. You might have a high-end facility in an affluent suburb that appears beautiful – but if the funds are being spent on daily fresh flowers instead of infection prevention - there will be serious effects from COVID. Alternatively, I have been to really good facilities that are working on shoe string budgets but they pay their staff well, skip the shiny marketing brochures, and fully embrace infection prevention – while they are not the prettiest, they are COVID- naïve.

**8. When do you think this whole situation will de-escalate?**

Answer: Great question – I don’t think LTCFs will ever be out of the woods. There will always be the chance of more viruses popping up – whether more rounds of COVID are on the horizon or influenza or a coronavirus to be named later. The silver lining is that COVID has brought attention to a desperate need for better infection prevention/control in LTCFs, testing, and transparency in LTCF which can be remedied from lessons learned.