

# COVID-19 CRITICAL CARE: WHAT PROVIDERS NEED TO KNOW MAY 29, 2020 UPDATE

Sue Hansen, MSN, RN  
Trauma/Surgery Critical Care Clinical  
Nurse Specialist  
Harborview Medical Center  
Seattle, WA






# COVID-19 Keeping Up With A Moving Target

Twice Every Week @ [COVID19.DKBmed.com](https://COVID19.DKBmed.com)

Every Wednesday Evening

**C****VID-19**  
KEEPING UP WITH A MOVING TARGET

 **Dr. Paul Auwaerter**  
Clinical Director  
Division of Infectious Disease  
Johns Hopkins University

Jointly provided by The Postgraduate Institute for Medicine and DKBmed, LLC.

Every Friday Morning

**C****VID-19**  
KEEPING UP WITH A MOVING TARGET

 **Sue Hansen, MSN, RN**  
Trauma/Surgery Critical Care,  
Clinical Nurse Specialist  
UW Medicine at Harborview Medical Center

Jointly provided by The Postgraduate Institute for Medicine, DKBmed, LLC. and the Institute for Johns Hopkins Nursing



# CME Information

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Sue Hansen, MSN, RN	None

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# CME Information

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# Learning Objectives

- Explain three challenges institutions faced when COVID-19 was first recognized
- Discuss two causes of the financial difficulties hospitals face today
- Identify at least one priority for institutions going forward

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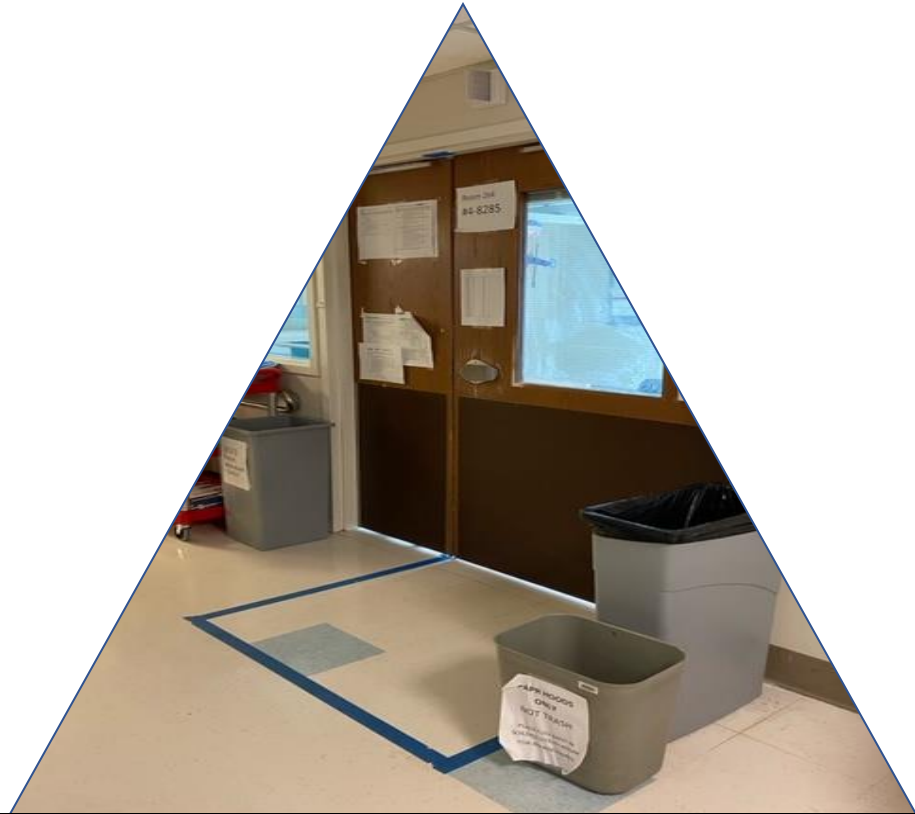
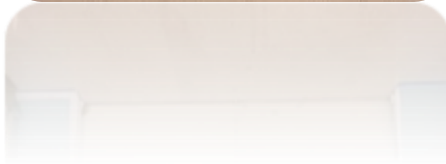
# Thank You

This program is brought to you through the generous support of DKBmed, Postgraduate Institute for Medicine, and the Institute for Johns Hopkins Nursing.

Please see **COVID19.DKBmed.com** for additional resources and educational activities



# Camp COVID: Lesson Learned







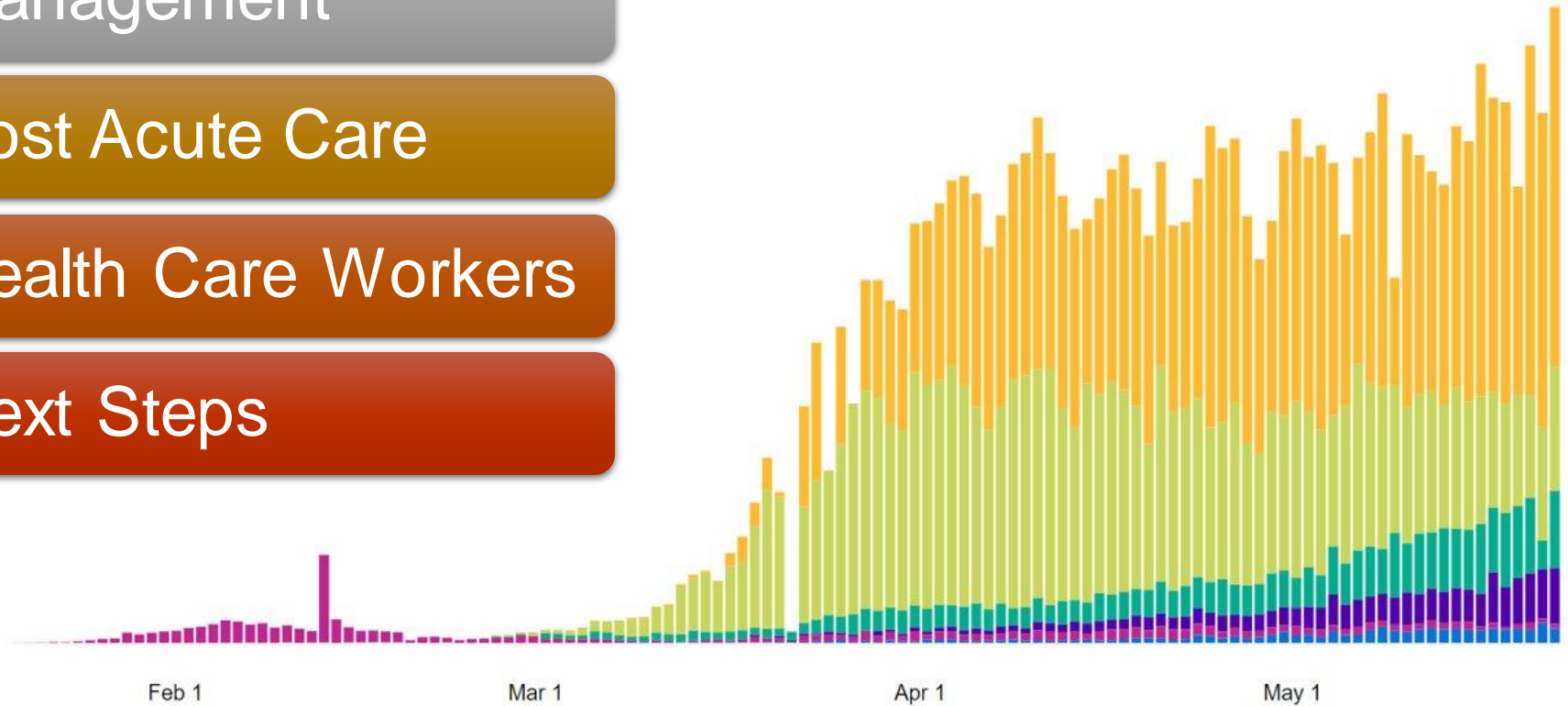
# Agenda

Management

Post Acute Care

Health Care Workers

Next Steps



Source: World Health Organization



# Management



EMERGENCY



CAPACITY



SUPPLIES



CLINICAL



HUMAN  
RESOURCES



INFECTION  
PREVENTION  
& CONTROL



FINANCIAL  
RECOVERY



# Emergency

*THE **FAST** AND THE **FURIOUS** NOT SO SINKING SHIP*





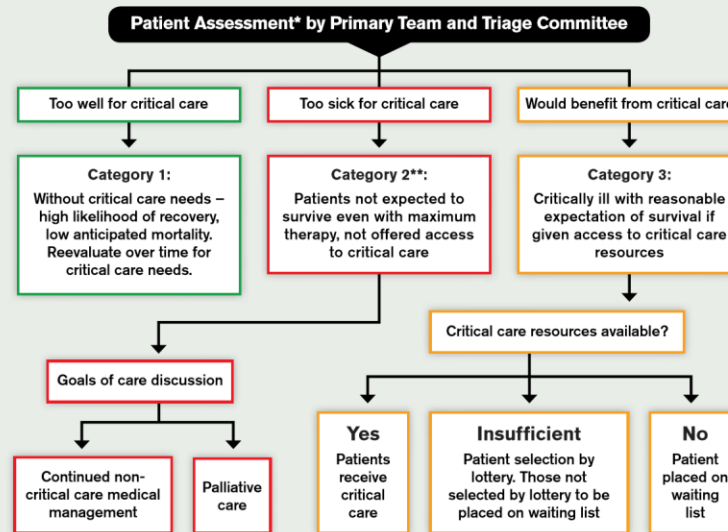
# Emergency

Conventional

Contingent

Crisis

Figure 1. Allocation Algorithm



\*Patients should be assessed using one of any number of physiologic-based predictive scales and possibly comorbidities scales in combination with the clinical judgement of the primary team and the triage committee. While no predictive system has been clearly shown to correlate with patient outcomes of COVID-19, it is imperative that triage committees prospectively develop an algorithm to prioritize patients in a way that reflects the values of their hospital and their community and that is applied fairly and consistently to all patients who are evaluated during a designated time of crisis standard of care.

\*\*These patients and families should be informed of the decision and offered the best medical management. Withholding access to critical care resources **does not mean** denial of further treatment. If a patient or family opts for continued aggressive medical management, this should be provided (short of access to critically scarce resources). Patients in category 2 should be offered access to palliative care services.

# Emergency



Recovery

Next wave

# Capacity

- Quickly identify “Covid” unit
- Where will non-Covid patients be cared for?
- Cohorting
- Patient flow/transfers

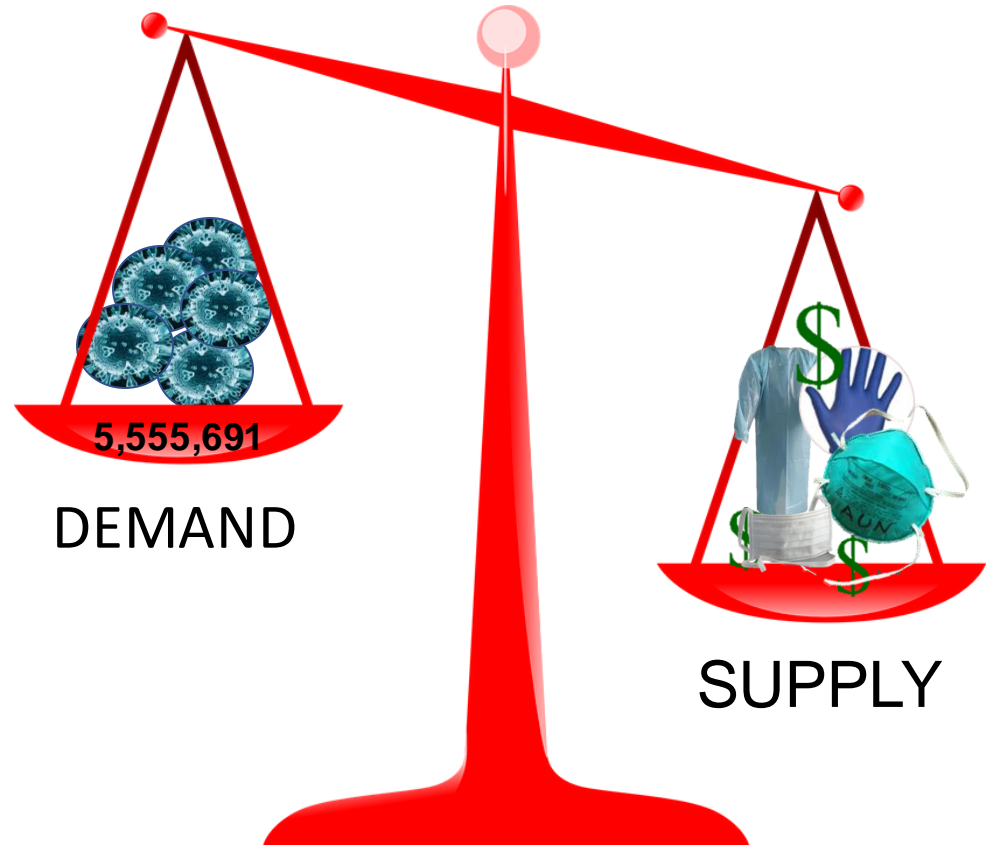


- Discharge planning!
  - Waiving pre-authorizations for SNF and sub-acute facilities
  - Confirm return policy for established residents
  - Confirm policy on acceptance of COVID+ or unknown patients

# Supplies

## *Economics 101*

- Impact on staffing
- Burn rate
- Creative problem solving



# Clinical Course

## Presentation

- Asymptomatic
- Silent hypoxemia
- Indolent patients
- Hyper-acute

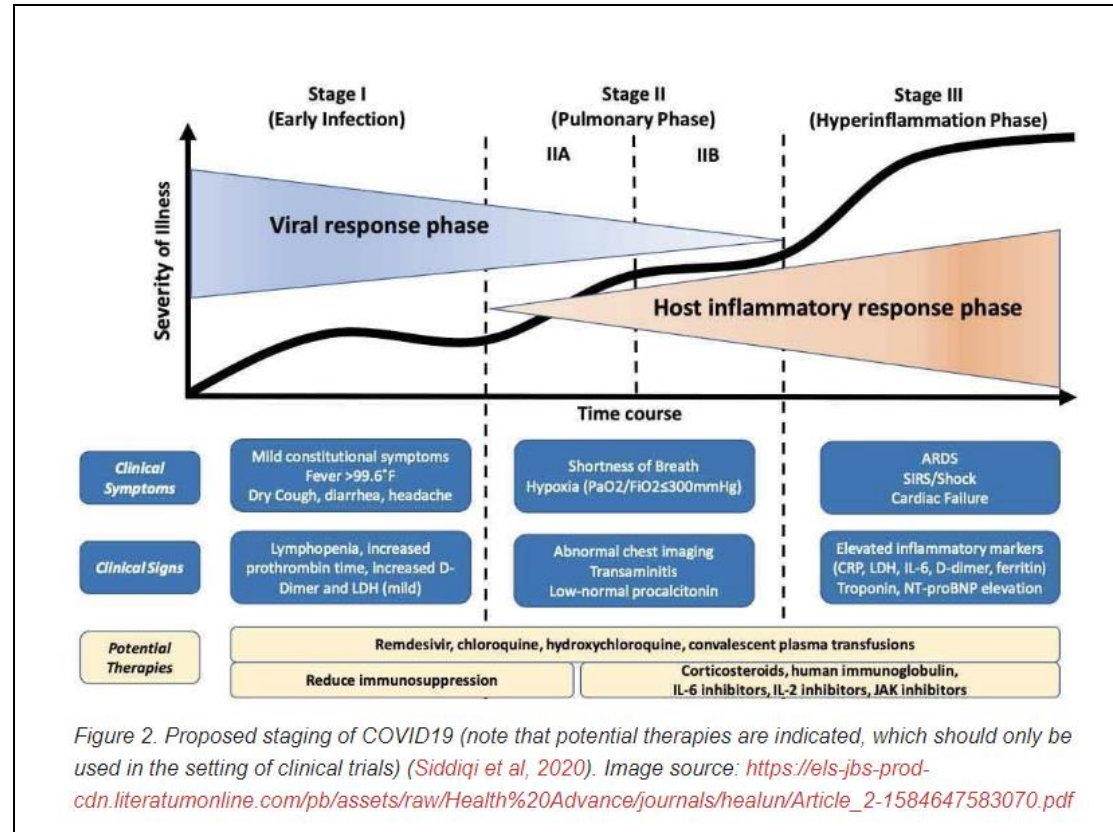
**\*\* Profoundly hypoxemic**

## Onset of resp. distress

- Median 6.5 days after symptoms

## Progression

- Median 2.5 days after onset of respiratory distress



Guan et al., *N Engl J Med*, 2020  
Chen et al., *Lancet*, 2020  
Ruan et al., *Intensive Care Med*, 2020  
Zhou et al., *Lancet*, 2020





# Clinical Course

## *Complications:*

- Coagulation disorders
- Acute kidney injury
- Co-infections-viral
- Sepsis
- ARDS-100%
- Cardiomyopathy-33%
- Vasopressors-67%

## *Cause of Death:*

- Resp. failure alone 53%
- Circ. failure alone 7%
  - Mixed: 33%
- Unknown 7%

***Hospital LOS- median 21-22 days***

***Time from illness to onset to death-median 18.5 days***

Brigham Health, 2020  
Guan et al., *N Engl J Med*, 2020  
Chen et al., *Lancet*, 2020  
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Zhou et al., *Lancet*, 2020

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# Resources

- Washington State Comprehensive Emergency Management Plan. Washington state emergency management division. Accessed 5.25.2020. <https://mil.wa.gov/plans>
- Coronavirus best practices. Federal Emergency Management Agency. Accessed May 25, 2020. <https://www.fema.gov/coronavirus/best-practices>
- Creating capacity and managing patient flow during a crisis. Care Logistics. Accessed May 25, 2020. <https://www.carelogistics.com/covid19>



# Resources

- Supply Chain Leaders Perspective: lessons learned. Vizient Inc. May 20, 2020. Accessed: May 25, 2020. <https://www.vizientinc.com/covid-19/webinars-and-podcasts>
- Covid 19 clinical course. Brigham Health. May 12, 2020. Accessed May 25, 2020. <https://covidprotocols.org/protocols/clinical-course-and-epidemiology/#epidemiology>
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# Resources

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# Resources

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homesresponding.html>



# Resources

- State reports of long-term care facility cases and deaths related to COVID-19 (as of May 21, 2020). Kaiser Family Foundation. Accessed May 25, 2020. <https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/>
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To submit your own question, please email  
[QA@dkbmed.com](mailto:QA@dkbmed.com)



**Last episode, you talked about doffing and donning and storage of PPE in a hospital setting. Do you have any recommendations for those of us in home health for proper care of our PPE?**





**What do you feel needs to be in place or happen for nursing students to be able to come back to the hospitals? Many schools of nursing are doing virtual sim lab via Zoom and other platforms.**



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