

At Home with the Home Health Section

Below are Q&A's/comments from the HHS Town Hall meeting on April 30, 2020.

Q: Donna Gibbons, Annapolis MD: Do the new telehealth waivers apply to HH therapists?

A: Telehealth can be used but cannot be a substitute for an in-person visit. In other words, it does NOT count toward your LUPA threshold.

Q: Valeria Niehaus, PT Charlottesville VA: For the therapists who have treated post-hospital COVID + patients, could you share the top 3 clinical challenges encountered?

A:

1. Fogging of goggles/faceshield
2. Location of donning/doffing PPE
3. Increased time required to perform visit (~25% longer)

Q: Tammy Mercer, Missoula Montana: Happy for the waivers and that OASIS E is now delayed! I am curious what others are saying about getting therapy in the door? Our patients are declining therapy.

A: Patient refusal is an important barrier we must overcome. The large population of elderly individuals currently forgoing medically necessary care, including home health PT, is likely to have profound unintended consequences. We need to focus on what we as professionals can control in terms of infection control (masking, hand hygiene, disinfecting equipment, etc) and ensure our patients and their families are educated on these steps we are taking. The 'low level of risk' associated with having home health P.T. visit is likely to prevent much larger risks to develop (injurious falls, pervasive functional decline, etc).

Q: Beth Williams, San Francisco, CA: I'm entering home health for the first time on June 1. My son has asthma with daily meds, and he's my main concern, ie not transmitting infection, esp. COVID-19 to him. What are the best possible infection control standards that are now used in home health to prevent something like this happening?

A: This is a great resource to address this question: <https://www.nahc.org/wp-content/uploads/2020/04/COVID-19-Recommended-Operational-Protocol-Final.pdf>

Q: Ann Fouke: When you are seeing COVID-19 patients, what PPE and precautions between patients?

A: COVID + patients should be seen at the end of the day. When possible, the PT should obtain a "COVID kit" that contains PPE (respirator, gown, goggles/mask, booties, and gloves) and dedicated equipment (oximeter, blood pressure cuff, stethoscope, thermometer) that will only be used with + patients.

Q: Mei Zhu: When do you think we will be back to having enough patients again to have fill caseload again

A: This is a great question. This will likely depend on a number of different factors. Some rural areas have been largely unaffected by COVID and agencies service these areas have not realized a change in census. Urban areas (such as NYC and LA) are likely to be affected to the greatest extent given the proximity of people and increased risk for transmission. As we speak, states are beginning to reopen certain businesses. This activity may impact transmission rates as well.

Q: Jeff White, Dixon IL: Is there a screening tool specifically designed for Home Health?... one that can be used prior to making a visit?

A: Here is a tool developed from CDC guidance on symptoms of COVID:

1. In the last 14 days, has the patient and/or household member(s) had contact with someone who is under investigation for or diagnosed with covid-19?
 2. Does the patient and/or household member(s) report current symptom of cough or shortness of breath with no known source of exposure?
- Or
3. Does the patient and/or household member(s) report at least two of these symptoms: fever/chills, sore throat, muscle pain, new loss of taste or smell or a headache

Q: Kristen Peterson, New Hampshire: When receiving a patient from another state do you require a quarantine period prior to treating?

A: This varies from state to state and may be dependent upon both the start and end points. Consult www.cdc.gov as well as your state department of health.

Q: Teresa Kilduff, Ohio: Can we hear about PPE challenges and how it's being dealt with?

A: Work through your Department of Health--they are aiding in ensuring that the right PPE gets to providers in adequate amounts.

Q: Kathy Newman, Albany, Oregon: Please address best practice for re-use of N95 masks, surgical masks, cloth masks.

A: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Q: Lauren Larson, San Antonio, TX: Are there any resources to obtain PPE on our own? Mainly masks

A: You will be limited to retail availability if buying on your own. Your employer has an obligation to provide appropriate PPE regardless of shortages or supply chain issues. If your employer is not meeting this obligation, you may need to involve OSHA or your state occupational safety and health agency.

Q: Ann Galkowski , RI: Where are the links for recommendations for Home Health PPE/Infection control measures?

A: This is a good resource to address this question: <https://www.nahc.org/wp-content/uploads/2020/04/COVID-19-Recommended-Operational-Protocol-Final.pdf>

Q: Katherine Paredes: How long should we wear mask, gown, eye protection after COVID patient has recovered?

A: This link is a reliable resource. We would also recommend you consult with the patient's physician and the county Department of Health.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Q: Where to find info regarding best practice/evolving practice re PT eval and treating pts returning home after being on vent in hospital after Covid-19, what do we know at this point?

A: PACER Project--<http://www.cardiopt.org/resources-covid-19.php>

Q: Idwaileebe Hoboken, NJ: I do part B in the Home here in Northern NJ (hot spot) and I am wearing surgical masks and give the patient and all family members surgical masks to wear when I am in the home- just wondering if you think masks will be the norm going forward (months, years)?

A: Until a vaccine is widely available or the virus 'burns out' among the population, masks are likely to be the norm for some time when a 6 foot distance cannot be maintained.

Q: Ann G from RI: How about the homes that are not well cleaned or well ventilated, so that the virus is likely to be living on surfaces? Many patients do not have very much help in cleaning their home.

A: This is a new study just published by the NEJM:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7121658/figure/f1/>

Q: Don M, Arlington, TX: How do you manage scheduling of post-Covid19 pts on top of your current patient load? Do you schedule one covid19 patient one separate day and the non-covid19 pts on other days?

A: This is based on PPE burn rate and the possibility of transmitting the virus from that post-covid19 to others. We would recommend reserving your COVID + visits until the end of the day. If your caseload contains several COVID + cases, then a COVID day would be recommended as well.

Q: Kapil: What guidelines should be followed for the PT necessity. So many times it seems patients would only need Nursing. Should PT wait for the patient to get over the infection and then start PT services?

A: Medical necessity for physical therapy does not change due to the existence of a contagious infection. These clients have many impairments and functional limitations that can be most appropriately treated by physical therapy, and the prompt treatment of these impairments and functional limitations will likely result in decreased likelihood of rehospitalization, and decreased cost and burden to the health care system as well as your agency. Use PPE as recommended by the CDC and your local health department, and in accordance with your employer's policies, and provide the same level of skilled services to these patients as any others.

Q: John from NY: If a patient is dc from hospital s/p COVID+ diagnosis and 2 weeks has past, is the gown necessary or just mask and gloves?

A: This link is a reliable resource. We would also recommend you consult with the patient's physician and the county Department of Health.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Q: Betty Hardesty: Are patients being retested once home to see if Covid19 is still present or antibody testing? We are seeing varying info from acute care providers to their pts and are cancelling follow up tests.

A: Most patients are NOT being retested. This link contains guidance from CDC as to when a patient with COVID-19 can be safely seen without transmission-based precautions (PPE).
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Comments:

1. Kathy Newman in Albany, OR: I have fabricated a clothesline in my back seat to hold paper bags with one mask each and rotate the use of these daily. I wear a surgical mask and gloves each visit and use the usual barriers, cleaning technique. thanks for having this webinar
2. Cara Crisafulli: I bought a dry erase board and brought it to a hard-of-hearing patient today! worked well!!
3. Jenn McMaugh: Decreased endurance, getting patient in prone, and weaning off oxygen are challenges I'm facing with my covid patient
4. Terri Hanson: PTAs in New York are doing telehealth visits but the pay is very low.
5. Vicki: I don't have a specific breathing exercise for COVID-19, but I will be doing a mini-workshop for the NCAPTA meeting this October. It teaches the integration of Alignment, Breathing and Centering (ABCs). I emphasize slow, prolonged, pursed-lip breathing to facilitate lung clearing and increased respiratory capacity. I would welcome speaking to anyone who wants more information: vicki@thera-fitness.com; 516-343-5876
6. jben5952: Some agencies are having a designated covid19 teams to decrease risk of infection, SN, PT, OT, HHA
7. Kristen Peterson: Yes, we are using Covid Teams at my agency
8. Linda Teodosio: CDC is the best place to find the information regarding appropriate PPE for patients with COVID-19 vs. Persons under investigation, exposed patients under quarantine, etc.
9. Sue Tierney: We are starting to treat COVID-19 patients via specific teams. We have a weekly agency call where pertinent education is disseminated to the staff.. We are figuring this out together..
10. Renee: There is some great education on Youtube provided by Cardiopulmonary section/Acute Care Section/Geriatric sections, I believe. It is called the PACER series. Here is a link to one of the talks. <https://www.youtube.com/watch?v=jnJ2R5Ec-qY>
11. Sue Tierney: We have been told to ask our patients about use of nebulizers in the home.. told to ask the patients when they used their nebulizer last and then if they have used their nebulizer within the last 30 minutes, treat the patient in another room..
12. Dee Kornetti: The Home Health Section has participated in program offerings in the PACER program - these are listed on the Academy of Cardiovascular & Pulmonary website, and all taped and FREE on the APTA Learning Center! There is a definite shifting of material to treating the COVID-19 recovering patient in post-acute/community settings. I strongly suggest starting there for great, evidence-based material:)
13. Theresa Gates: we made our own hand sanitizer in spray bottles with Everclear vodka! let me know if you want the recipe! tgates@beyondhomehealth.net

14. Linda Teodosio: Best practice would be to have physician clearance to recommend a patient to wear a mask.
15. Vicki Gold, PT, MA - NC -I am retired from "hands-on" PT, but have many years of experience with postural drainage + breathing exercises and would love to talk with anyone who wants some practical guidance. :-)
vicki@thera-fitness.com; 516-343-5876 Feel free to reach out! :-)
16. Yaffa Liebermann - I would like to suggest treatment from my experience:

Postural drainage:

- Best to do it in the morning prior to the patient sitting for breakfast. Then the secretion travels down to the lower part of the lungs.
- Postural drainage 15 minutes lying on the right side and 15 minutes lying on the left side.
- At the home care the patient can lay on left and then right, through the day. He should do it prior to the therapist arrival and then repeat when therapist will deliver treatment.
- Vibration or precessions while breathing out to help the secretion to get out.
- The secretion follows the lines of gravity. The changes in position moves it from getting glued.
- Drinking water or juice to decrease the thickness of the secretion and helped it to leave the bronchus walls .