POST-ACUTE CARE OFFICE HOURS-OKLAHOMA – APRIL 15, 2020

GUEST SPEAKER – DALE W. BRATZLER, DO, MPH

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00:01:23.640 --> 00:01:30.900

Sherry Longacre: I'll introduce our excellent guest speaker Dr brasseur shortly, but I have a few items to cover first. Next slide.

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00:01:36.300 --> 00:01:48.540

Sherry Longacre: So with this ever changing information. Today's content is going to reflect information as of today, April 15 2020

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Sherry Longacre: However code 19 is emerging rapidly evolving situation. Therefore, it remains critically important to us that we as well so that the guidance from your local, state and health department as well.

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Sherry Longacre: PCs guidance for coded 19 may be adopted by state and your local health department to respond to rapidly changing local circumstances. So we have include the information and links for our Oklahoma State Department of Health, as well as our CDC links as well.

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Sherry Longacre: The views expressed by the speaker do not necessarily reflect the views of TV or the Centers for Medicare and Medicaid Services presentation content is our informational purposes.

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Sherry Longacre: Only and does not constitute net qualifies. It is not intended to be a substitute for professional medical advice diagnosis or treatment. Next slide.

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00:02:57.240 --> 00:03:00.780

Sherry Longacre: And for those of you who are not familiar with collagen

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Sherry Longacre: Halogen serves as the quality innovation network.

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00:03:05.640 --> 00:03:18.330

Sherry Longacre: The Q i in July, yo. For Colorado, Illinois, Iowa and Oklahoma. So we are excited to provide you with timely and up to date presentation.

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00:03:18.720 --> 00:03:27.810

Sherry Longacre: And a network of peer support, so we can learn from each other. So if you could please just take a few minutes and join us on our TV queue I connect

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00:03:28.380 --> 00:03:37.950

Sherry Longacre: It is our no cost. Regional Health Care Quality improvement collaborative built to help you improve care is navigate the constantly evolving healthcare landscape.

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00:03:39.390 --> 00:03:42.840

Sherry Longacre: In the link will be in chat to eat this process as well.

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Sherry Longacre: Next slide.

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Sherry Longacre: And we also have another way to connect with us, just by simply emailing us and right, I would like to join connect and I have

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00:03:58.980 --> 00:04:04.620

Sherry Longacre: My email and also the Linda's email here as well that you can reach out to us and then we can

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00:04:05.130 --> 00:04:20.100

Sherry Longacre: Work out those details and complete the registration for you. This was the platform that we found that it's the best way for us to connect to each other and so that we can share all of these events and information that we are providing. Next slide.

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00:04:25.260 --> 00:04:44.700

Sherry Longacre: When we gather with our office hours. Our objectives are to identify collaborative opportunities with other partners and stakeholders to facilitate the flow of information and also to strengthen our local community networks by sharing emerging practices and then the code 19 crisis.

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Sherry Longacre: Next slide.

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Sherry Longacre: It is my pleasure to introduce Dr. Dale bressler Dr bressler is a professor and chair of the Department of Health Administration.

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Sherry Longacre: And policy at the Hudson College of Public Health and professor in the College of Medicine at the University of Oklahoma Health Science Center.

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00:05:11.220 --> 00:05:19.470

Sherry Longacre: He currently serves as the enterprise chief quality Officer for the three hospital health system and faculty practice at Madison.

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00:05:19.950 --> 00:05:33.060

Sherry Longacre: His experience with health care quality includes working with CMS on the development and maintenance of national performance measures user profile and report on quality of inpatient and outpatient healthcare.

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00:05:33.570 --> 00:05:45.510

Sherry Longacre: He has served two terms as president of the American Health Quality Association isn't as a past member of the Agency for Healthcare Research and Quality National Advisory Council.

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00:05:46.320 --> 00:05:59.520

Sherry Longacre: He has given more than 600 lectures nationally and on health care quality topics with a particular emphasis on prevention of surgical site infections and adult vaccination.

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00:06:00.120 --> 00:06:10.950

Sherry Longacre: board certified in internal medicine. He is a master fellow of the American College of Osteopathic internist and a fellow of the Infectious Diseases Society of America.

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00:06:11.340 --> 00:06:22.590

Sherry Longacre: And you may be familiar with Dr bressler as he appears on local TV stations as a key contributor, providing coven 19 updates throughout the state of Oklahoma.

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00:06:23.610 --> 00:06:29.100

Sherry Longacre: And without further ado, it is our pleasure to welcome back to your breath slow

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00:06:30.360 --> 00:06:31.140

Dale Bratzler: Thank you Sherry.

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00:06:33.960 --> 00:06:34.830

Dale Bratzler: Can you hear me okay

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00:06:37.350 --> 00:06:48.630

Dale Bratzler: Yes. Okay, very good. Well, thank you for the introduction and and also thanks for using a picture when I was much younger. I appreciate that a lot too. If we could get to the next slide.

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Dale Bratzler: So I'm going to give a very brief overview of the disease caused by the current, current virus that's circulating in Oklahoma.

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00:06:58.440 --> 00:07:13.710

Dale Bratzler: Mainly, so we're all on the same page with respect to understanding of the current pandemic. I'm not going to try to go through this rapidly because I'd rather hear your questions and have that opportunity to talk about this particular infection. Next slide.

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00:07:16.440 --> 00:07:29.010

Dale Bratzler: So how did we get here with this particular pandemic well current viruses circulate in the human population, all of the time. There are four that we even test for

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00:07:29.310 --> 00:07:35.520

Dale Bratzler: In the hospital. Quite often, and these are the common current of viruses that cause illnesses like the common cold.

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00:07:35.790 --> 00:07:50.820

Dale Bratzler: Or mild respiratory symptoms they happen every year. And every year people get sick with those particular viruses, but one snow. Wow, these viruses that both infect humans and animals will transfer from an animal into human

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00:07:52.170 --> 00:07:59.550

Dale Bratzler: Infection, and that's what appears to have happened with this particular coronavirus. By the way, the name of the virus is SARS curvy to

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00:08:00.630 --> 00:08:15.720

Dale Bratzler: And this is a zoonotic infection, meaning that the virus probably originated in animals, probably in China and then transfer it into the human population and caused this pandemic. Next slide.

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Dale Bratzler: So we first found out about this outbreak in China on December 31 when the World Health Organization office in China was informed that they were seeing these cases of pneumonia patients getting very, very ill detected and we have a city in the who've a province of China.

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Dale Bratzler: And you guys know the rest of the history. The first case was diagnosed in the United States. On January 22 in the Seattle region of the country.

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Dale Bratzler: That's probably because of air travel from China to Seattle, which is common and then the first case was diagnosed in Oklahoma. On March seventh of this year in Tulsa. Next slide.

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Dale Bratzler: I want to just make a couple of things really clear in my presentation this virus is spreading through our population rapidly and part of it is because nobody is immune to it.

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Dale Bratzler: except perhaps now patients who've been infected with a virus and recovered from the virus. We don't know if they're

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Dale Bratzler: Immune to the virus, but but just recognize this is a highly infectious virus that's going through our population very rapidly because none of us have ever seen this particular virus before. Next slide.

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00:09:42.900 --> 00:09:53.640

Dale Bratzler: So in public health. This is one of the concepts that we talked about the public health term is called the are not but basically how infectious.

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Dale Bratzler: Is this particular virus. Well, the coven 19 virus SARS, Coby to, if you think about in each of these different diseases. The yellow.is a person who's infected.

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00:10:06.630 --> 00:10:15.930

Dale Bratzler: With that particular virus. You can see how many other people around that person typically get infected. So with this particular virus.

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Dale Bratzler: The general sense has been that two to three people around the infected person will be infected.

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Dale Bratzler: Compare that to measles in the lower right corner where one infected person will infect 18 other people because it is so very, very infectious.

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Dale Bratzler: I do want to highlight, though, and I highlighted this in a Facebook post a few days ago.

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Dale Bratzler: About the concept of the super spreader. So there was a gentleman in Chicago who travel out of Illinois became infected came back to Chicago have mild respiratory symptoms.

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Dale Bratzler: Had some coffee and some of respiratory symptoms did not follow social distancing guidelines went to a funeral both the week before then. The night before the funeral.

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Dale Bratzler: And then the funeral. The next day hugged a number of people at the funeral and participated in a buffet top style meal and then three days later went to a family birthday party.

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00:11:14.730 --> 00:11:24.690

Dale Bratzler: What that was attended by nine family members and the long story short, on this particular person was that he went out and infected 15 different people.

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00:11:25.230 --> 00:11:38.520

Dale Bratzler: three of whom died that either attended the funeral, or the birthday party. So this virus is very infectious and we have to realize that's why we're promoting social distancing so much. Next slide.

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Dale Bratzler: So this is an old slide. This is where we weren't early March. Remember the first case in Oklahoma was diagnosed. On March 7. This is where the world was on March 8

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00:11:52.710 --> 00:12:05.040

Dale Bratzler: Thinking that China. This was a China problem China had all the cases, they had almost they had a little over 80,000 cases, the whole rest of the world, the whole rest of the world only had about 30,000 cases. Next slide.

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00:12:07.470 --> 00:12:25.050

Dale Bratzler: But here's where we're at now in the United States today. And if you think about China's still reporting somewhere in the area of the 82 to 83,000 cases, the United States as of yesterday was over 600,000 cases coven

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Dale Bratzler: So our rate of growth of this particular infection has far Trump that in any other country in the world. Next slide.

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Dale Bratzler: I wanted to talk briefly about the symptoms, because I think there's a lot of misinformation about something that's out there. Certainly the symptoms that we all talk about is cough fever and shortness of breath, and many of us have put into place.

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Dale Bratzler: Activities to screen for this particular group of symptoms and undoubtedly a lot of patients who do develop

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Dale Bratzler: Do have cough fever or shortness of breath.

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Dale Bratzler: Most patients after they get infected. So you've been exposed to somebody with the infection. Most people will have symptoms within four to five days.

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Dale Bratzler: Of the infection. On the next slide, though I highlight a whole long list of other types of symptoms that have occurred. So you go to the next slide.

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Dale Bratzler: So this is a study that came out of China early in the process that highlighted when you looked at a large number of patients in China than it become infected.

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Dale Bratzler: These were the symptoms that they actually recorded in this large population of patients in China and you'll see is that there are lots of other symptoms.

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Dale Bratzler: That can be associated with this particular buyers so fatigue is one I hear about a lot, muscle aches and pains. I actually interacted with a patient. Not long ago, whose primary symptom was memory loss.

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Dale Bratzler: A patient who is immuno compromised and tested positive GI symptoms, nausea, vomiting, diarrhea, can occur on the next slide.

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Dale Bratzler: Well, let me go back. I'm sorry if you go back one. Let me highlight this is a really, really important point. I forgot I put it at the bottom of this slide.

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Dale Bratzler: Robert Redfield, the Director of the CDC and others have confirmed and talked about this up to 25% of the people who are infected will have no symptoms at all.

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Dale Bratzler: Now think about it. If you're screening people at the door and you're asking them about symptoms or fever. Remember one quarter of the people who are infected will never have any symptoms. Next slide.

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00:14:48.060 --> 00:15:02.100

Dale Bratzler: This was article that was published earlier this week in the Journal of the American Medical Association and basically highlighted that neurologic symptoms actually are not uncommon in patients with this particular virus on the next page on. Next slide.

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Dale Bratzler: And this was the list of symptoms that they recorded that again, don't go along with our typical thought about cough fever or shortness of breath.

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Dale Bratzler: taste and smell. You've heard a lot about that in the news recently that five to 6% of the people who get infected with this particular virus lose their sense of taste and smell.

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00:15:25.260 --> 00:15:43.350

Dale Bratzler: Temporarily but seizures impaired consciousness and other symptoms like dizziness and headache are not uncommon. So just remember when a patient is infected with this particular virus, there could be a whole host of symptoms that they might have with the infection. Next slide.

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Dale Bratzler: Have you transmit this fire. It's well primarily two routes. One is respiratory droplets. So if you even speaking sneezing, coughing, you cough out you speak small droplets of

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00:16:01.530 --> 00:16:09.120

Dale Bratzler: Fluid come out of your mouth and there was, if you're infected can be teeming with the virus. And so being around people.

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Dale Bratzler: You know, family members, healthcare professionals other close contacts or greatest risk.

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Dale Bratzler: We used to routinely say that six feet was the distance you need to be separated but there's actually data now that when you sneeze, particularly

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Dale Bratzler: You may expel small droplets. The go up to 25 feet so so just recognize when we're talking about social distancing. We really are meaning stay at home. Stay away from other people.

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Dale Bratzler: There is some concern that the virus may spread through airborne transmission. That's the way measles is so infectious because it has very, very tiny droplets that will remain in the air for a period of time. We don't know how much transmission occurs that way. Next slide.

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Dale Bratzler: But the other one I wanted to highlight is that those respiratory droplets those viruses land on surfaces like countertops and other places.

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Dale Bratzler: And if you happen to inhale those droplets, or if you touch something with your hands that have that virus on it and then touch your eyes, nose, or mouth.

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00:17:15.630 --> 00:17:28.260

Dale Bratzler: You can get infected. Importantly, the virus does not, I repeat, does not go through your skin. But when people asked me about, is it safe to go grocery shopping or do things like that.

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00:17:28.770 --> 00:17:45.480

Dale Bratzler: I keep highlighting that just think about all of the high touch surfaces that you touch when you're at the grocery store the ATM on an elevator their buttons and things that you touch all the time. Hand hygiene becomes incredibly essential. Next slide.

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Dale Bratzler: I think this is towards the end of my presentation, but I just want to highlight this point. So this is actual data from this morning.

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Dale Bratzler: In the world. I mean, I'm sorry. In the United States In the United States, we're now 601,000 472 cases that have been diagnosed those people who've had the test.

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00:18:06.330 --> 00:18:25.470

Dale Bratzler: And it's positive, and of that group 24,429 people have died. The mortality rate right now. Still running around 4% in confirmed cases which again is about 40 times higher than death rates from influenza.

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00:18:26.280 --> 00:18:35.970

Dale Bratzler: What we don't know though. And this is a common called the iceberg effect for many infectious diseases is how many people are out there who are infected.

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00:18:36.510 --> 00:18:45.030

Dale Bratzler: And maybe shedding the virus, but do not have any symptoms and in most most infectious diseases that group.

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00:18:45.360 --> 00:18:59.460

Dale Bratzler: Is actually larger than the visible cases, those that we've tested and are positive, or those that we know have had severe complications. So that has profound influence on the way we treat patients in a healthcare setting. Next slide.

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00:19:04.110 --> 00:19:13.410

Dale Bratzler: You can go. So I wanted to highlight here. Here's the Oklahoma curve. Here's where we are in Oklahoma, as of yesterday we had 2184 cases in Oklahoma.

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Dale Bratzler: With 108 deaths. That's a mortality rate of 4.9% in Oklahoma of the confirmed cases, recognizing, there are a lot of people out there that are not diagnosed right now on average over the past five days we've been seeing about 100 new confirmed cases every day in Oklahoma. Next slide.

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00:19:35.370 --> 00:19:44.310

Dale Bratzler: Here's some good news in the United States mortality rate is actually finally starting to drop this particular slide shows data from the United States.

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Dale Bratzler: Of the UK, Spain, Italy and all of the countries are finally starting to see reduced death rates. These are three day rolling averages. And so there is some good news that we're finally starting to see fewer people dying from the infection and we are bending the curve. Next slide.

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Dale Bratzler: So I'm going to end with just two slides. I want to highlight some key points that I want to make

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Dale Bratzler: A fever. I see lots of people doing screening with temperatures, which I think is, OK, if you've got somebody with the fever that somebody should be concerned about.

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Dale Bratzler: But remember, it's only president, about half the patients that presentation.

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Dale Bratzler: And it's estimated that 25% of the people who are infected with this virus or asymptomatic, and there are others out there that are

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00:20:30.600 --> 00:20:45.870

Dale Bratzler: Have very, very minimal symptoms. So if you're screening people at the door with a thermometer and asking questions about symptoms, you're going to catch some infected patients for sure, but you're also going to miss some. And I think that's very, very important to remember. Next slide.

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00:20:48.210 --> 00:20:57.330

Dale Bratzler: So because screen temperature and and symptoms will miss many people who are infected I personal position is you need to assume

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Dale Bratzler: That anyone you encounter could be infected. They may be asymptomatic but infectious. So anybody who's working in or visiting a health care facility.

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Dale Bratzler: Now, should be wearing a mask primarily protect those people who are around you from getting the infection.

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Dale Bratzler: So I've been interviewed a couple of times about why are we seeing outbreaks and nursing homes as an example.

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Dale Bratzler: Why is it that we see outbreaks in nursing homes. When we have locked them down. We're not letting visitors come in. Well, the staff that work there do have to come in, whether it's housekeeping nurses aides.

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00:21:35.670 --> 00:21:43.680

Dale Bratzler: The people that are providing the meals. People have to come into the nursing home. That's just, you know, and they can be infected in the community.

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00:21:44.010 --> 00:21:47.610

Dale Bratzler: And yes, you can. Tech check their temperature and ask them symptoms, but remember

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Dale Bratzler: Some people who get this infection never have a symptom, but they can come into the facility and potentially affect the health care workers or the residents or the people in that facility. So you have to assume

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00:21:59.940 --> 00:22:04.950

Dale Bratzler: That anybody that walks through the door could be infected, whether they had symptoms or not.

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00:22:05.640 --> 00:22:13.920

Dale Bratzler: And. And remember, that's why we're asking people to wear a mask in the hospital or clinics now to protect those people that are around them.

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00:22:14.430 --> 00:22:20.880

Dale Bratzler: And finally, remember a lot of infections with these respiratory viruses happened because we contaminate our hands.

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00:22:21.390 --> 00:22:28.920

Dale Bratzler: And then we touch her eyes, nose, mouth, so don't forget hand hygiene. It's incredibly essential wearing gloves.

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00:22:29.250 --> 00:22:37.320

Dale Bratzler: Can give you a false sense of security because remember gloves become contaminated. If you take those gloves and touch your eyes.

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00:22:37.860 --> 00:22:48.570

Dale Bratzler: And nose or mouth. You can infect yourself just as easily with a pair of gloves as you can with your hands so high on hygiene hand hygiene hand hygiene to help reduce spread. Next slide.

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00:22:50.190 --> 00:22:56.850

Dale Bratzler: So I really look forward to your questions and I just wanted to kind of get us all on the same page with respect to this particular pandemic.

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Sherry Longacre: Thank you, Dr bressler so we will now open up your child for question.

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00:23:07.980 --> 00:23:19.410

Sherry Longacre: Our Medical Director, Dr. Christine Lovato JOIN US FOR Q AMP. A as well. So during this time we want it to be interactive. So, please share your questions in chat.

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00:23:19.830 --> 00:23:37.080

Sherry Longacre: And you can also verbally ask the questions by pressing star six on your keypad to open up online and wants them speaking just please and new timeline. Again, thank you. So we're going to start out with our cat Austin Belinda. Are there any questions in chat.

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00:23:37.800 --> 00:23:42.660

Belinda Rogers: Yes. Thank you Sherry, and thank you everyone for participating today and thank you.

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00:23:42.780 --> 00:24:00.060

Belinda Rogers: Again, Dr. Bratzler, thank you for your wonderful presentation. There were two questions that were submitted prior to this event and one is, "Are nursing homes required to accept back their long term care residents if they tested positive for COVID-19?

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00:24:01.170 --> 00:24:02.100

Dale Bratzler: So I don't

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00:24:04.050 --> 00:24:07.380

Dale Bratzler: So is there somebody else on from health Barbara somebody that can answer them.

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00:24:08.520 --> 00:24:17.430

Sherry Longacre: Thank you, behind that. And so, Mike, I believe, is joining us today on Mike are you present. If you could press

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00:24:17.610 --> 00:24:23.550

Mike Cook: Am I good morning, everyone. Thanks Dr Bratzler, it was a great presentation. Good way to start off

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00:24:24.870 --> 00:24:42.810

Mike Cook: So the question about nursing homes we have been asking this for several weeks. And we've discussed with CMS and I can tell you the CMS guidance is that you should take residents, just like you would

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00:24:42.810 --> 00:24:44.970

Mike Cook: Normally, that being said,

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00:24:45.360 --> 00:24:47.160

Mike Cook: They are not saying you have to take

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00:24:47.160 --> 00:24:54.870

Mike Cook: Them and a lot of instances. What we see our facilities require a

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00:24:55.410 --> 00:24:56.760

Mike Cook: Negative test.

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00:24:57.270 --> 00:25:12.360

Mike Cook: Before they will accept them. And it's, it is becoming more common and that's why one of the things that we're doing is we did stand up a COVID-19 positive facility in Enid and there are a couple of others that we're working on.

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Mike Cook: So it's pretty much been left up to the facility and their particular situation as to whether they accept returning resident or new residents.

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Dale Bratzler: So I think Mike makes a really important point that one of the things that we need and we're getting to is robust testing. We need to be able to test. Lots of people

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00:25:41.550 --> 00:25:52.410

Dale Bratzler: To determine whether or not a patient has the infection or not, the blood test for antibodies is not useful and acute illness. So I think you're going to hear a

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00:25:52.410 --> 00:25:58.680

Dale Bratzler: Lot more word there there are more tests available. You're going to hear a lot more about really ramping up the number of

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00:25:58.740 --> 00:26:01.050

Dale Bratzler: tests that are available as we go forward.

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00:26:03.660 --> 00:26:04.860

Dale Bratzler: To test people that have been

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00:26:04.860 --> 00:26:05.430

Positive

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00:26:06.780 --> 00:26:08.250

Belinda Rogers: Great. Thank you so much.

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00:26:12.000 --> 00:26:12.360

Sherry Longacre: Could I

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Christine LaRocca: Belinda. Could I ask a follow up question before we move to the next one. This is says Christine Rebecca hi everyone on the phone. I'm medical director at Telligen and a big fan of Dr. Dale Bratzler. And I just wanted to ask, is it one negative test or two, Dale? I've seen because of the

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00:26:31.140 --> 00:26:33.180

Christine LaRocca: And it's I've seen lots of numbers that that the

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00:26:33.180 --> 00:26:38.130

Christine LaRocca: false negative rate. But do you know what people are recommending and I know the tests are even hard to get

142

00:26:39.000 --> 00:26:40.110

Christine LaRocca: Yeah so testing is more

143

00:26:40.110 --> 00:26:41.850

Dale Bratzler: Available than it was most most

144

00:26:42.030 --> 00:26:48.720

Dale Bratzler: Recommendations currently and what we're doing with healthcare workers that a test positive before we let them come back into our practice.

145

00:26:49.050 --> 00:26:50.190

Dale Bratzler: Is doing an

146

00:26:51.030 --> 00:26:55.020

Dale Bratzler: To test that are both negative, so two days in a row we test them.

147

00:26:55.290 --> 00:26:57.090

Dale Bratzler: Through their negative before we allow them back.

148

00:26:57.090 --> 00:26:58.860

Dale Bratzler: In that I think is

149

00:26:58.890 --> 00:27:00.210

Dale Bratzler: Maybe best practice.

150

00:27:01.080 --> 00:27:16.590

Dale Bratzler: Not always available to everybody. But again, I think in Oklahoma testing is becoming much more readily available. And I think there's going to be a lot more testing that comes online in Oklahoma in the very near future.

151

00:27:20.310 --> 00:27:22.050

Belinda Rogers: Thank you. Thank you.

152

00:27:22.620 --> 00:27:24.150

Belinda Rogers: So Mike, there's a second

153

00:27:24.150 --> 00:27:26.670

Belinda Rogers: Question, and it's along the same lines.

154

00:27:27.000 --> 00:27:29.430

Belinda Rogers: And our nursing home facilities.

155

00:27:29.640 --> 00:27:31.530

Belinda Rogers: In Oklahoma that have a designated

156

00:27:31.890 --> 00:27:34.260

Belinda Rogers: That have designated a wing or hallway.

157

00:27:34.290 --> 00:27:35.970

Belinda Rogers: For COVID 19 patient

158

00:27:36.030 --> 00:27:37.950

Sherry Longacre: discharged from the hospital.

159

00:27:38.430 --> 00:27:42.120

Belinda Rogers: To long term care facilities. I'm not sure that's

160

00:27:42.420 --> 00:27:45.210

Belinda Rogers: A question I think they were asking do they have to have

161

00:27:45.480 --> 00:27:47.310

Belinda Rogers: A designated wing hallway.

162

00:27:47.370 --> 00:27:48.570

Belinda Rogers: For COVID patients.

163

00:27:51.030 --> 00:28:01.650

Mike Cook: I have my manager survey answer that question for Terrell's also joined me on the line. So follow with you on that would be the preference, we would hope that you'd be thinking ahead to

164

00:28:03.420 --> 00:28:09.480

Mike Cook: The fact that you may have a resume that comes in that's positive. So if you have the availability

165

00:28:09.870 --> 00:28:12.150

Sherry Longacre: To have a separate wing a separate Hall.

166

00:28:12.150 --> 00:28:24.000

Mike Cook: That would be the best case it's not always possible. So then you may just have to account for them on the end of the hall or somewhere where you can kind of separate them from the rest of the resident

167

00:28:24.720 --> 00:28:37.110

Mike Cook: Yeah, CMS released a memo on transfer and cohorting queue. So memo 20 dashboard dash nursing home and addressing some of these situation and

168

00:28:39.930 --> 00:28:41.700

Sherry Longacre: They're, they're even talking about you.

169

00:28:41.700 --> 00:28:52.590

Mike Cook: Know possible stand up facilities, you know, for some of the other areas that don't have the extra bands to cohort that have possibly you know a higher

170

00:28:53.880 --> 00:28:56.010

Mike Cook: Ratio of residents to bed.

171

00:28:57.750 --> 00:28:59.490

Belinda Rogers: Wonderful, thank you so much.

172

00:28:59.550 --> 00:29:03.810

Belinda Rogers: Mr Cook for being on the on the line with us and answering those questions so

173

00:29:03.990 --> 00:29:08.070

Belinda Rogers: We'll now transition to some questions that are in chat.

174

00:29:08.280 --> 00:29:10.170

Belinda Rogers: And this one comes from Robert

175

00:29:10.260 --> 00:29:13.440

Belinda Rogers: Cree, and he asked, Is it still true.

176

00:29:13.650 --> 00:29:17.970

Belinda Rogers: At our peak for this organism is still the 21st of April.

177

00:29:19.320 --> 00:29:20.280

Sherry Longacre: Yeah, so

178

00:29:21.300 --> 00:29:24.000

Dale Bratzler: The question that I was asked on the news this morning.

179

00:29:24.870 --> 00:29:25.890

Dale Bratzler: So as you know, the

180

00:29:26.460 --> 00:29:30.750

Dale Bratzler: Oklahoma County. I'm sorry. The Oklahoma State Health Department came out with their

181

00:29:31.440 --> 00:29:33.990

Dale Bratzler: estimates that predicted the peak at

182

00:29:34.350 --> 00:29:35.760

Dale Bratzler: April 21

183

00:29:36.000 --> 00:29:39.330

Dale Bratzler: And that's based on a very good model, it was, it was built by

184

00:29:39.480 --> 00:29:42.750

Dale Bratzler: Some really smart people that are working with the state health department right now.

185

00:29:43.320 --> 00:29:44.280

Dale Bratzler: To build a model.

186

00:29:44.850 --> 00:29:46.320

Dale Bratzler: Many of you know that the

187

00:29:46.590 --> 00:29:47.940

Dale Bratzler: Model that a lot of people

188

00:29:47.940 --> 00:29:49.110

Sherry Longacre: Have used the institute

189

00:29:49.110 --> 00:29:53.730

Dale Bratzler: For health metrics and evaluation have predicted the Oklahoma peek at around

190

00:29:54.120 --> 00:30:00.210

Dale Bratzler: April 30 and then I saw a brand new model that came out yesterday from previous

191

00:30:00.360 --> 00:30:02.730

Dale Bratzler: Secretary of HHS Mike Lovett his

192

00:30:02.730 --> 00:30:04.920

Dale Bratzler: Consulting Group that puts

193

00:30:04.950 --> 00:30:07.680

Dale Bratzler: pushes the peak in Oklahoma back into may

194

00:30:09.270 --> 00:30:12.060

Dale Bratzler: My point here is that

195

00:30:13.050 --> 00:30:17.910

Dale Bratzler: The fact that the peak is moving means that we've been the curve.

196

00:30:18.450 --> 00:30:20.400

Dale Bratzler: That the surge will be less

197

00:30:21.570 --> 00:30:24.420

Dale Bratzler: But it may be spread out over a little bit longer period of

198

00:30:24.420 --> 00:30:25.260

Dale Bratzler: Time. So

199

00:30:25.530 --> 00:30:29.070

Sherry Longacre: So, you know, again, pick your favorite model. There are lots of them.

200

00:30:29.070 --> 00:30:29.610

Dale Bratzler: Out there.

201

00:30:30.630 --> 00:30:34.560

Dale Bratzler: They all have somewhat different dates, because they're all being built.

202

00:30:35.070 --> 00:30:36.180

Sherry Longacre: On assumptions.

203

00:30:36.630 --> 00:30:38.340

Dale Bratzler: How infectious is this virus.

204

00:30:38.550 --> 00:30:39.900

Dale Bratzler: How affect the eagles.

205

00:30:39.990 --> 00:30:53.550

Dale Bratzler: Have we been as Oklahomans in terms of social distancing and that all of those models require that you build in those assumptions into the model and a lot of that data is, you know, it's somewhat subjective so

206

00:30:54.000 --> 00:31:06.960

Dale Bratzler: The good news is the peak has moved the the curve is bending. We're not you know the doubling right in Oklahoma nails down to nine days. We started in two to three days for doubling so

207

00:31:07.110 --> 00:31:08.670

Dale Bratzler: The surge should be slower.

208

00:31:10.620 --> 00:31:12.180

Belinda Rogers: Thank you. That is good news.

209

00:31:12.420 --> 00:31:15.090

Belinda Rogers: We have another question from Allison boy.

210

00:31:15.270 --> 00:31:27.930

Belinda Rogers: She asked how long is this virus considered infectious requiring isolation pee pee in the post acute care setting, specifically in a skilled nursing long term care environment.

211

00:31:28.290 --> 00:31:35.010

Dale Bratzler: Yeah, it's a great question, and here and here again is where I hope we get to the, to the point where you have the ability to test

212

00:31:35.400 --> 00:31:44.490

Dale Bratzler: The person and make sure that they're negative before we we stop isolation. We don't always have that luxury. Right now, the CDC has specific guidance.

213

00:31:44.820 --> 00:31:53.610

Dale Bratzler: And it says that a patient has to be a febrile for three days, taking no antibiotic medications.

214

00:31:54.090 --> 00:32:12.660

Dale Bratzler: And it has to have been at least seven days after the start of their first symptoms. So if a patient started coughing seven days ago, at least seven days ago and they've had no fever for three days then CDC guidance says that you can take them out of isolation.

215

00:32:13.950 --> 00:32:21.510

Belinda Rogers: Wonderful. Okay, we have another question from Chuck Taylor and he asked what is the effectiveness of different types of masks

216

00:32:22.230 --> 00:32:36.630

Dale Bratzler: Yeah, of course, there are three principal masks that we talked about. Most commonly the in 95 mask which is about 95% effective at preventing you from inhaling the small less than point three micron.

217

00:32:37.230 --> 00:32:46.230

Dale Bratzler: Particles those need to be fit tested. So they're really not useful for the general public, because they have not been fit tested to see if they seal.

218

00:32:46.560 --> 00:32:54.360

Dale Bratzler: around the mouth. We don't use them for our patients because we don't fit test patients. The second type is a surgical mask.

219

00:32:55.080 --> 00:33:03.780

Dale Bratzler: It doesn't filter, as well as the 95 but the one thing, it will do particularly. It's the one I wear when I'm walking around in our health system.

220

00:33:04.020 --> 00:33:10.500

Dale Bratzler: Is if I speak and droplets come out of my mouth or if I cough or sneeze, it will capture them and kept them.

221

00:33:10.770 --> 00:33:17.400

Dale Bratzler: From getting out there more effective than the cloth mask the cloth mask. We have had thousands of them donated now.

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00:33:17.640 --> 00:33:29.670

Dale Bratzler: We put every single patient every single visitor that comes into our children's of maternal wings in cloth mask. Now, primarily, not that I'm trying to protect them, but I'm trying to protect

223

00:33:29.700 --> 00:33:32.520

Dale Bratzler: Healthcare workers and other patients from them.

224

00:33:32.700 --> 00:33:47.100

Dale Bratzler: By capturing those droplets that come out of your mouth. Whether you know it or not, they're coming out. And so that's why we're recommending that were cloth mask or some type of a mask over your face that will help you catch some of those droplets

225

00:33:48.120 --> 00:33:49.620

Mike Cook: Wonderful. Thank you.

226

00:33:49.920 --> 00:34:01.710

Belinda Rogers: And I think that actually addresses and many others questions around the same thing. We have a question from Christine and I'm going to just the last name and Milan.

227

00:34:02.340 --> 00:34:12.390

Belinda Rogers: Maybe and says what vitamins, do you think will be best to take to boost someone's immune system to cover to overcome this virus quicker.

228

00:34:12.810 --> 00:34:19.050

Dale Bratzler: Yeah, so I right now. I actually, if somebody is infected. I don't know if anything you can do

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00:34:19.860 --> 00:34:29.670

Dale Bratzler: To change the course of the illness. I will tell you, just in general, there is not a single therapy at this point that has proven to be effective.

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00:34:30.210 --> 00:34:40.890

Dale Bratzler: There is preliminary data and helpfulness with things like there was a big article I saw today out of Tulsa about a patient who got convalescent serum, the plasma.

231

00:34:41.490 --> 00:34:46.650

Dale Bratzler: infusion from a patient who had already recovered from the illness and that patient got better very rapidly.

232

00:34:47.160 --> 00:34:53.100

Dale Bratzler: What you have to be cautious about when you read any of these stories about somebody that got something got better.

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00:34:53.400 --> 00:35:04.620

Dale Bratzler: Is we don't know whether or not they would have gotten better, just by the natural course of the illness or not from the treatment. So there are numerous clinical trials.

234

00:35:05.160 --> 00:35:15.480

Dale Bratzler: Ongoing right now, the United States, with all the medicines, you've heard about hydroxide Clark one, a number of the antiviral medicines of us to treat AIDS with

235

00:35:16.080 --> 00:35:21.690

Dale Bratzler: Drugs to block the immune system and of course the plasma infusions.

236

00:35:22.650 --> 00:35:29.850

Dale Bratzler: You know, we have 600,000 people that have tested positive in the United States. I actually think we're going to start to get some results.

237

00:35:30.090 --> 00:35:37.800

Dale Bratzler: From some of these studies pretty quickly, because we've had so many patients that are sick and hospitalized that are participating in some of these trials.

238

00:35:38.160 --> 00:35:48.750

Dale Bratzler: There are no vitamins that I'm aware of that will clearly make a difference. I've seen people promote the zinc. Zinc actually has limited data that might reduce transmission

239

00:35:49.050 --> 00:36:00.210

Dale Bratzler: In certain viral infections, particularly rhinovirus which is the most common cause of the common cold. But for this particular virus this coven I mean this this particular coronavirus

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00:36:00.720 --> 00:36:05.580

Dale Bratzler: There is no proof that zinc or any other vitamin will make a difference. We just don't know at this point.

241

00:36:06.690 --> 00:36:16.140

Belinda Rogers: Thank you. We have another question from Virginia harbor, she asked, When can home health agencies expect to have p p readily available.

242

00:36:17.340 --> 00:36:23.310

Dale Bratzler: Yeah, so I hope very, very soon. I don't have a lot of insight into the

243

00:36:25.980 --> 00:36:41.610

Dale Bratzler: Amounts of PP that are going to home health agencies. But again, my position is assume anybody, whether they're coming into your home or whether you're going there to see a patient assume that they could have the infection, whether they have symptoms or not.

244

00:36:41.880 --> 00:36:43.260

Dale Bratzler: And at the very least.

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00:36:43.530 --> 00:36:45.270

Dale Bratzler: You should be wearing a mask.

246

00:36:45.540 --> 00:36:47.970

Dale Bratzler: In the circumstance. I think absolute minimum.

247

00:36:50.640 --> 00:37:04.980

Christine LaRocca: Belinda, could I come back to the question about the vitamins. Um, I just think it's a it's very difficult to, you know, you have this feeling of, I've got to do something. And with the question about the

248

00:37:04.980 --> 00:37:06.570

Christine LaRocca: Vitamins, I would encourage

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00:37:06.600 --> 00:37:19.590

Christine LaRocca: Everyone to eat the healthiest diet that they can right now. This is a great time to get your diabetes under the best control possible a wonderful time to quit smoking or vaporizing

250

00:37:20.310 --> 00:37:33.240

Christine LaRocca: These are things that you can actively do that I think will make a difference and they're there, you know, if they're good common sense. So if you want to feel actively like you're doing something. Those would be things to consider.

251

00:37:34.500 --> 00:37:35.730

Sherry Longacre: Great. Thank you, Doctor.

252

00:37:36.420 --> 00:37:38.010

Belinda Rogers: We have another question from

253

00:37:38.130 --> 00:37:41.640

Belinda Rogers: Chuck try on ask do you need to be

254

00:37:41.820 --> 00:37:44.010

Belinda Rogers: Concerned about your clothes being

255

00:37:44.700 --> 00:37:48.690

Belinda Rogers: Contaminated and therefore make you and others at risk of transmission

256

00:37:50.070 --> 00:37:59.910

Dale Bratzler: And that's a really great question. So there was a good article that was published, not long ago that looked at how long the virus could live on various services they didn't actually in that study report.

257

00:37:59.910 --> 00:38:10.410

Dale Bratzler: Close, but we know on hard surfaces like stainless steel countertops and others, the buyers may live for up to three days on cardboard and other things like that up to a full day

258

00:38:11.160 --> 00:38:28.380

Dale Bratzler: So is it possible that your clothes get contaminated, I think. Yes. I think it's reasonable, particularly if you're a healthcare worker and you're going home to your family to put those clothes in the laundry. There are recommendations for laundry in that you use enough detergent.

259

00:38:28.680 --> 00:38:30.180

Dale Bratzler: Where the size of the load.

260

00:38:31.110 --> 00:38:38.130

Dale Bratzler: And wash the clothing in the hottest water that you can dry it on high heat and that should that should disrupt the virus.

261

00:38:39.000 --> 00:38:48.450

Dale Bratzler: And make it not infection. So I think it's reasonable thing to do. How much transmission is happening because of contaminated clothes. I don't know that there are any studies that have shown

262

00:38:49.050 --> 00:38:51.090

Belinda Rogers: Wonderful. We have another question for

263

00:38:51.090 --> 00:38:58.290

Belinda Rogers: That are their recommendations for those are using bask in home health hospice

264

00:38:58.470 --> 00:39:02.520

Belinda Rogers: To continue reusing until they are visibly soiled or wet.

265

00:39:04.440 --> 00:39:08.580

Dale Bratzler: Yeah, so you particularly. I'm sorry, the first part of the question about

266

00:39:08.730 --> 00:39:10.830

Dale Bratzler: Slide or wet mask, I assume.

267

00:39:11.640 --> 00:39:19.980

Dale Bratzler: Yes. Yes. Yeah. So, so that's one of the things that we've actually done with some of the cloth mask and surgical mask for healthcare worker to happen.

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00:39:22.050 --> 00:39:30.870

Dale Bratzler: A lot of them are wearing surgical mask over the top of them, or cloth mass to help conserve the in 95 mass

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00:39:31.680 --> 00:39:42.900

Dale Bratzler: You know, in an ideal world, if you take care of a patient who is known coven positive then ideally we would we would discard that particular mask.

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00:39:43.800 --> 00:40:03.720

Dale Bratzler: But our system just like most in Oklahoma, have had to improvise and we did have to reuse. We are now in our system exposing in 95 that have been one each, each one is labeled with the health care workers name and we're exposing them to ultraviolet light sterilization to

271

00:40:05.130 --> 00:40:22.350

Dale Bratzler: To try to reduce any risk of transmission of infection from the mask itself, but I think all of us have been trying to figure out ways to serve, p, p, because of the shortage is that that have been here. And those are some of the things that we've had to do.

272

00:40:23.640 --> 00:40:34.350

Belinda Rogers: Right, we have one. Just one final question, and then we need to move on. A very good question from James, is it true that your blood type will make you more successful so simple to the virus.

273

00:40:34.920 --> 00:40:35.340

Except

274

00:40:36.660 --> 00:40:40.320

Dale Bratzler: Yeah, I'm hoping Christine knows this literature. I actually did see

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00:40:40.650 --> 00:40:46.320

Dale Bratzler: An article, not long ago that suggested that certain blood tags may have greater susceptibility.

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00:40:46.590 --> 00:40:48.690

Dale Bratzler: But I don't know that there's any proof.

277

00:40:48.780 --> 00:40:49.440

Dale Bratzler: Out there.

278

00:40:49.770 --> 00:40:52.020

Dale Bratzler: At this point I'm

279

00:40:53.250 --> 00:40:57.630

Dale Bratzler: Just not aware of. I haven't seen any more articles on that particular topic.

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00:40:57.960 --> 00:41:03.000

Belinda Rogers: Great, well thank you so much to everyone who answered that question tonight. I am

281

00:41:03.240 --> 00:41:04.410

Belinda Rogers: Now going to turn it back.

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00:41:04.440 --> 00:41:07.590

Belinda Rogers: Over to sherry to close us

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00:41:07.920 --> 00:41:08.370

Cherry

284

00:41:10.590 --> 00:41:28.290

Sherry Longacre: Thank you everyone we always know what to successful events, whenever we have lots of questions and lots of interaction on chat right so I'm so excited that you guys all submitted your questions and we'll be able to get those answered and. Next slide please.

285

00:41:30.450 --> 00:41:48.900

Sherry Longacre: We wanted to make sure as well and follow up with resources with the information that is changing at a rapid pace. So we have included resources on here and also one resource, in particular, for the question regarding home health and your P P is

286

00:41:50.070 --> 00:42:00.780

Sherry Longacre: Putting your request through the Oklahoma State Department of Health and also your regional medical response system and making sure that you're connecting with your partners to request those resources. Next slide.

287

00:42:02.730 --> 00:42:12.990

Sherry Longacre: We have some upcoming events that we wanted to take some time to share also related to cove at 19. We also have our coven night in long term care office hours.

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00:42:13.380 --> 00:42:23.280

Sherry Longacre: Thursday, April, the 23rd and then our next event for the covered 19 post acute care office hours, like they had today will be on Wednesday, April 29

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00:42:23.820 --> 00:42:37.140

Sherry Longacre: And we have our registration links on the here as well. And this is just a way to save the date and keep an eye on our calendar, just to register for our future office hours. Next slide.

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00:42:42.840 --> 00:42:50.370

Sherry Longacre: I wanted to share another resource. The Oklahoma State Department of Health is having their long term webinar our webinar today.

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00:42:51.030 --> 00:43:03.210

Sherry Longacre: From one to 2:30pm and they really answer all of those questions. It's interactive, you can ask her questions and get lots of current guidance and best practices and and they have a Q AMP. A so

292

00:43:03.900 --> 00:43:20.130

Sherry Longacre: Big shout out for my Coke and Paulo Carol and all that was the HR team for joining today. We appreciate you partnering with us and answering those questions that we know that the information is changing rapidly and you have the answers to those. So thank you so much. Next slide.

293

00:43:22.830 --> 00:43:28.950

Sherry Longacre: Oh, we always want to end on a positive note. And so next I sees Gina

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00:43:30.570 --> 00:43:40.080

Sherry Longacre: We wanted to share one way to prioritize things that you can do to protect yourself by beyond washing your hands. And as Dr. Christine mentioned

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00:43:40.320 --> 00:43:46.890

Sherry Longacre: Nutrition and in different things and taking care of yourself and also because self care is so important.

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00:43:47.340 --> 00:43:57.210

Sherry Longacre: Sleep is one of the things that we can control and that can support your mental health and cognition and it's one of the most important defenses that is within your control.

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00:43:57.600 --> 00:44:07.020

Sherry Longacre: And also we wanted to introduce just something that you can do for all of our healthcare is just a little to introduce something called grounding.

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00:44:07.470 --> 00:44:17.340

Sherry Longacre: To. It's just a simple self care practice that can be used to manage anxiety and stress and we just provided a quick little three minute video for you to be able

299

00:44:17.640 --> 00:44:30.780

Sherry Longacre: To get started, and also just another tip is just to set boundaries with how you consume media, including your social media and how much news that you watch that has those negative effects. Next slide.

300

00:44:32.820 --> 00:44:44.820

Sherry Longacre: So we want to thank you Dr bressler for joining us today to share your experience and expertise. And a big thank you to everyone who is able to take time out of your day to join us.

301

00:44:45.330 --> 00:44:54.060

Sherry Longacre: If you could please complete the evaluation, the link is posted in the chat. We do value your feedback is how we make improvements.

302

00:44:55.560 --> 00:45:03.690

Sherry Longacre: And please reach out, you can contact the intelligent July Jeanette team for questions or like to register for your intelligence Cloud Connect.

303

00:45:04.050 --> 00:45:22.620

Sherry Longacre: To send us an email with your name, email address and job title and you will have immediate access to all of our educational offerings, please know that we are here to support you and your reach out and we can assist in any way. Have a wonderful day everyone in stay safe.