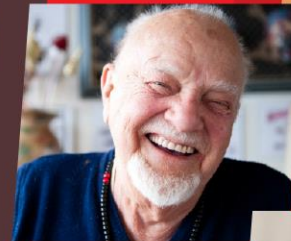


Implementing Public Health Guidance and CMS Direction on COVID-19 Cohorting in Nursing Homes

NASEM
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We've come a long way in 3 months!

- Clarity over how nursing home COVID outbreaks start and spread
- Risk of overly ambitious hospital surge mitigation on LTC residents
- Understanding of asymptomatic transmission
- Availability of diagnostic testing
- Critical importance of cohorting

“Cohorting” as defined in the COVID era

- COVID-positive and COVID-negative residents being cared for separately
 - Physical environment
 - Clinical/care staff, including staff areas
 - Environmental services
 - Equipment
 - PPE
 - Healthcare Providers
- Admission Quarantine Units

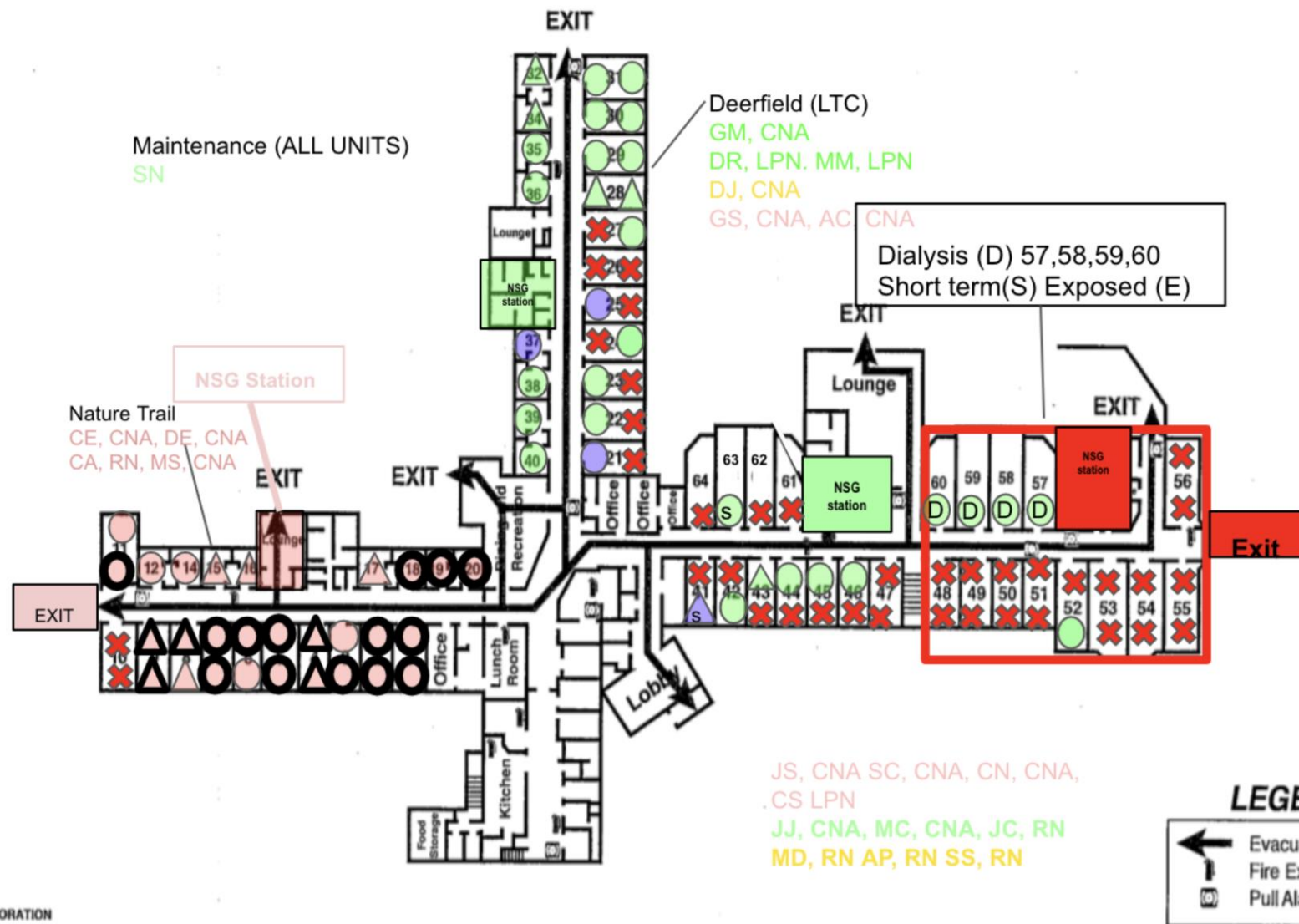
Moving residents to accomplish cohorting

- **Key principles**
 - Should be test-driven
 - Separating “mixed” roommates
 - Movement within vs across units

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- **Operational considerations**
 - Plan in advance with building floorplans
 - Ensure that all shifts are aware
 - Leverage nontraditional spaces
 - Use temporary walls and dividers
 - Consider inter-facility transfers



7 Pitfalls

1. Cohorting is an ongoing process, not a one-time event
2. PCR isn't perfect! Watch for false negatives
3. Cohorting based on symptoms (especially asymptomatic roommates)
4. Cohorting based on exposures
5. Attempting to cohort with outdated test results
6. Lab results that “trickle in”
7. Memory care units

Open Questions

- The meaning of “persistent positives” on follow-up PCR testing
- The role of IgG antibody testing
- The “recovered” patient