

The TRUTH *about* COVID-19 FOR HOSPICE

A **TRUE** / **FALSE** guide to help your hospice team
and patients stay safe during COVID-19

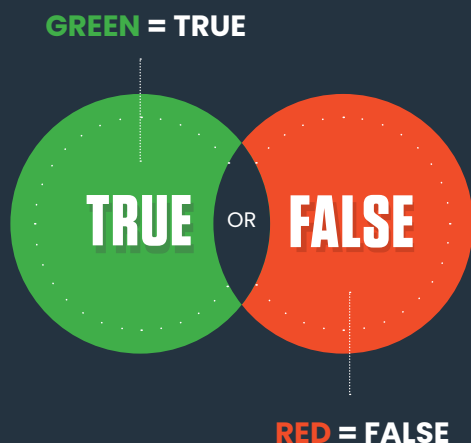
better^{RX}

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Why does the truth matter?

In the midst of a global pandemic, anxiety, and uncertainty abound, and misinformation seems to spread at the speed of light. Knowing what is true/false about COVID-19 is vital to maintaining the health and safety of your patients and staff. BetterRX has collected the following information from reliable sources and offers this guide to you as a helpful tool during this challenging time.

- The BetterRX Team



HOW TO USE THIS GUIDE

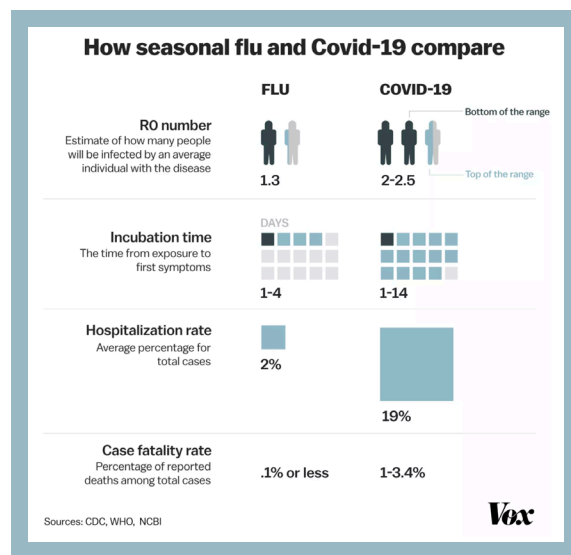
This guide contains both TRUE and FALSE statements about COVID-19 (Coronavirus) from various resources including the CDC, NHPKO, the WHO and others (see Appendix). Each statement is followed by either a green circle with the word “TRUE” or a red circle with the word “FALSE”, as well as other helpful information compiled by our team of experts. This guide should be used in conjunction with other reliable resources and official treatment guidelines.

1. TRUE OR FALSE? Coronavirus is no worse than the flu.

FALSE

Mortality rates for at risk patients are as high as 25% with COVID-19 compared to around 1% with the flu.

A longer incubation period gives a greater risk of infecting others. Patients are infected and spreading the virus during this long incubation period.



2. TRUE OR FALSE? You can protect yourself from COVID-19 by swallowing or gargling with bleach, taking acetic acid or steroids, or using essential oils, saltwater, ethanol, or other substances.

FALSE

None of these recommendations protects you from getting COVID-19, and some of these practices may be dangerous. The best ways to protect yourself from this coronavirus (and other viruses) include:



1. Washing your hands frequently and thoroughly, using soap and hot water.
2. Avoiding close contact with people who are sick, sneezing, or coughing.
3. Also, you can avoid spreading your own germs by coughing into the crook of your elbow and staying home when you are sick.

3. **A face mask will protect you from COVID-19.**

TRUE OR FALSE?

TRUE

Certain models of professional, tight-fitting respirators (such as the N95) can protect health care workers as they care for infected patients.



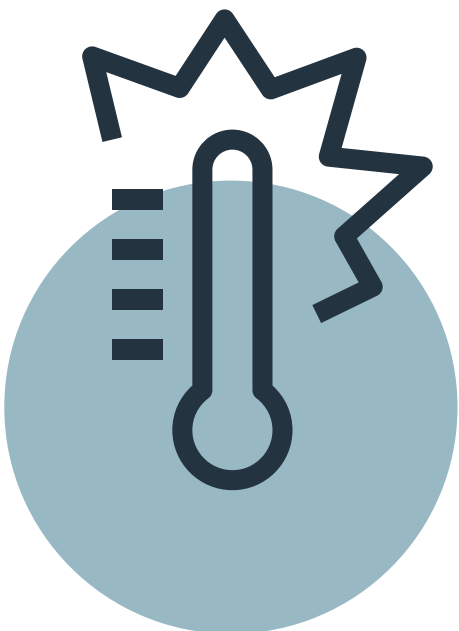
1. For the general public without respiratory illness, wearing lightweight, disposable surgical masks is not recommended. Because they do not fit tightly, they may allow tiny infected droplets to get into the nose, mouth, or eyes. Also, people with the virus on their hands who touch their face under a mask might become infected.
2. People with a respiratory illness can wear these masks to lessen their chance of infecting others. Bear in mind that stocking up on masks makes fewer available for sick patients and health care workers who need them.
3. A more significant risk of spreading the virus is from contact with contaminated surfaces. The virus is “active” as much as five days on some surfaces. Washing hands, not touching your face, and washing surfaces are more effective than masks in the general population.

4. **For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be minimal.**

TRUE OR FALSE?

TRUE

Older adults and people of any age who have severe underlying medical conditions may be at higher risk for more severe complications from COVID-19.



- 5.** TRUE OR FALSE? Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

TRUE

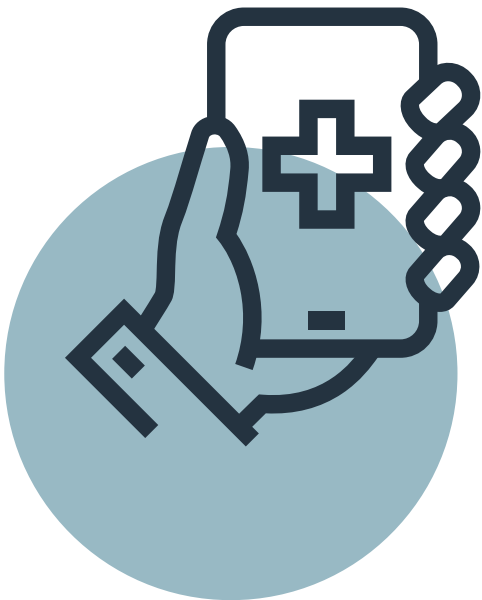
For up-to-date information, visit the [CDC's COVID-19 disease situation summary page](#).



- 6.** TRUE OR FALSE? You can help stop COVID-19 by knowing the signs and symptoms.

TRUE

Fever, cough, shortness of breath, are the most common symptoms.



Seek medical advice if you develop symptoms these symptoms **AND** if you have been in close contact with a person known to have COVID-19 or live in or have recently traveled from an area with an ongoing spread of COVID-19. Call ahead before you go to a doctor's office or emergency room. Tell them about your recent travel and your symptoms.

FEVER • COUGH • SHORTNESS OF BREATH

7. **Certain medications attract the COVID-19 virus, and the risk of infection, severity, and death is increased.**

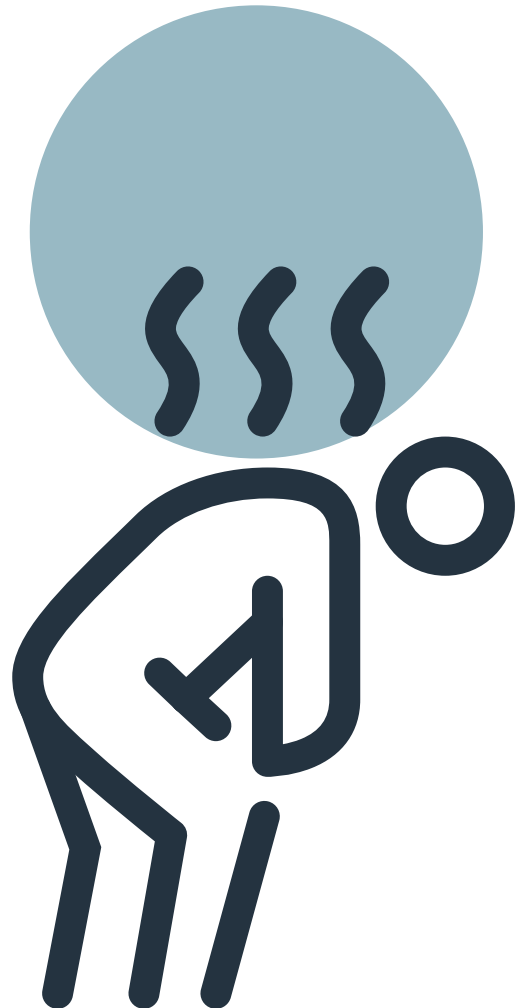
TRUE OR FALSE?

TRUE

The correlation was hypothesized in a single letter to The Lancet based on observations that similar coronavirus binds to their target cells through angiotensin-converting enzyme 2 (ACE2) and that the majority of severe cases and deaths were diabetic and cardiac patients taking these medications. A direct cause/effect correlation has not been established.

1. ACE Inhibitors include: Lisinopril, Ramipril, Benazepril, Monopril, Captopril
2. ARBs Include: Losartan, Valsartan, Olmesartan, Irbesartan
3. It is not recommended to discontinue these medications but to monitor these patients closely.
4. As only a single study and limited research, the American Heart Association, the Heart Failure Society of America and the American College of Cardiology issued a **joint statement**:

“There is no clinical or scientific evidence to suggest that treatment with ACE inhibitors or angiotensin receptor blockers should be discontinued because of the COVID-19 infection.”



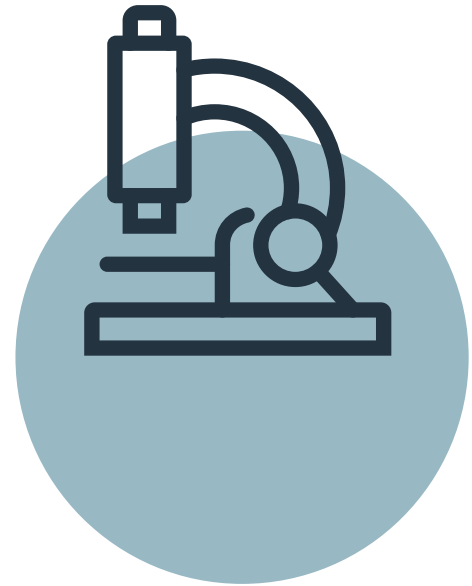
8. **Antivirals, Chloroquine, and Hydroxychloroquine, are effective treatments for COVID. These medications can also prevent infection.**

TRUE OR FALSE?

TRUE

There is ongoing research into the effectiveness of these medications; however, there is no evidence supporting use either preventative or as treatment.

1. The World Health Organization recommends supportive treatment.
2. Steroids are not recommended for supportive treatment.
3. [Decision Making Tools](#) are available to help in deciding treatment options.



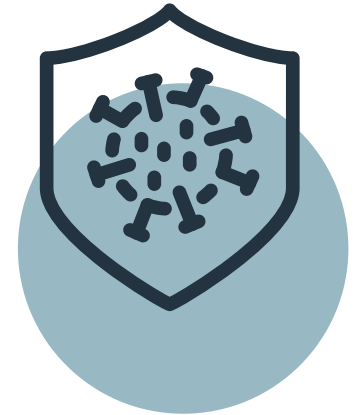
Therapy	Implementaion
High-flow nasal oxygen	Might prevent or delay the need for intubation
Tidal volume	Use 6 mL/kg per predict bodyweight (can reduce to 4 mL/kg per predicted bodyweight)
Plateau airway pressure	Maintain at <30 cm H2O if possible
Positive end-expiratory pressure	Consider moderate to high levels if needed
Recruitment manoeuvres	Little value
Neuromuscular blockade	For ventilator dyssynchrony, increased airway pressure, hypoxaemia
Prone positioning	For worsening hypoxaemia, PaO ₂ FiO ₂ <100–150 mm Hg
Inhaled NO	Use 5–20 ppm
Fluid management	Aim for negative fluid balance of 0–5–1–0 per day
Renal replacement therapy	For oliguric renal failure, acid-base management, negative fluid balance
Antibiotics	For secondary bacterial infections
Glucocorticoids	Not recommended
Extracorporeal membrane oxygenation	Use EOLIA trial criteria ¹

9. **When a facility is locked down, neither hospice personnel nor families can visit in person.**

TRUE OR FALSE?

FALSE

Hospice personnel ARE health care workers and SHOULD be allowed to enter facilities to care for patients. CMS has also put in place exceptions for compassionate care visitations.



1. Hospice providers should be allowed to care for patients in facilities as long as CDC guidelines are followed. CDC guidelines are found here: [Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\) | CDC.](#)
2. While visitation is limited to all but health care providers, a compassionate care exception allows the family of hospice patients to visit. Arrangements must be made in advance, and the facility should provide a single designated room for the visit.
3. Questions regarding Hospice Care and Compassionate Care visits are answered here: [Information for Healthcare Professionals-CDC.](#)
4. However, if the state implements more stringent visitation bans through executive order, the facility would not be out of compliance for preventing a compassionate care visit.

10. **CMS lifted reporting requirements for the time being.**

TRUE OR FALSE?

TRUE

Hospice personnel is at the forefront of caring for the patients at the highest risk. CMS understands that patient care must come first.

1. HQR data reporting is waved from January 1, 2020, through June 30, 2020. CAHPS data may still need reporting based on vendor needs for QAPI.
2. A [Federal 1135/Disaster Waiver](#) can be requested by a hospice to ease the burden of some Conditions of Participation, program participation, reporting deadlines, and HIPPA.
3. Telemedicine regulations are relaxed to allow hospices to visit high-risk patients safely. A tool kit with Waiver Request Forms and information on how to start telemedicine care can be found here: [CMS Telemedicine Toolkit.](#)



About BetterRX



Patient comfort is our mission.

At BetterRX patient comfort is our top priority. We help hospice agencies deliver the best care possible to their patients through comfort-focused technology and patient-first PBM practices.

For more COVID-19 resources
and information visit:

www.BetterRX.com/covid-19

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Other Resources

[CMS Current Emergency Plans and Tools](#)

[NHPCO COVID-19 Information and Resources](#)

[List of free online information](#)

[CDC Information and Resources](#)

Appendix

[Fang L, et al. Lancet Respir Med. 2020;doi:10.1016/S2213-2600\(20\)30116-8.](#)

["Cardiology Societies Recommend Patients Taking ACE Inhibitors, Arbs Who Contract COVID-19 Should Continue Treatment Page 2." Healio.Com, 2020,](#)

[Matthay, Michael A et al. "Treatment For Severe Acute Respiratory Distress Syndrome From COVID-19." The Lancet Respiratory Medicine, 2020, Elsevier BV, doi:10.1016/S2213-2600\(20\)30127-2.](#)

[Zhou, Fei et al. "Clinical Course And Risk Factors For Mortality Of Adult Inpatients With COVID-19 In Wuhan, China: A Retrospective Cohort Study." The Lancet, 2020, Elsevier BV, doi:10.1016/S0140-6736\(20\)30566-3.](#)

["Patients Taking ACE-I And Arbs Who Contract COVID-19 Should Continue Treatment, Unless Otherwise Advised By Their Physician." American Heart Association, 2020.](#)

["ESC Council On Hypertension Says ACE-I And Arbs Do Not Increase COVID-19 Mortality." DAIC, 2020.](#)

["Clinical Management Of Severe Acute Respiratory Infection When Novel Coronavirus \(Ncov\) Infection Is Suspected." Who.Int, 2020.](#)

["Home Care For Patients With COVID-19 Presenting With Mild Symptoms And Management Of Their Contacts." Who.Int, 2020.](#)

[Casella, Marco et al. "Features, Evaluation And Treatment Coronavirus \(COVID-19\)." Statpearls Publishing, 2020, p. . <https://www.ncbi.nlm.nih.gov/books/NBK554776/>.](#)

[Murthy, Srinivas et al. "Care For Critically Ill Patients With COVID-19." JAMA, 2020, American Medical Association \(AMA\), doi:10.1001/jama.2020.3633.](#)