All Hands on Deck

Maximizing Resources to Support mAb Administration in Utah's Long-Term Care Facilities

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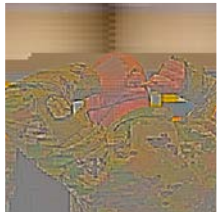
KEY POINTS

- A disproportionate share of COVID-19 deaths occur in Utahns residing in LTCFs
- A coordinated rapid response is essential in preventing disease and death from COVID-19 in Utah's LTCFs, including connecting LTCF residents to novel therapeutics
- Every partner plays a critical role in keeping Utah's LTCF residents safe

LONG-TERM CARE FACILITY RESPONSE

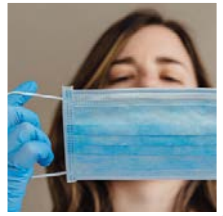


Rapid, coordinated outbreak response

- COVID-19 dedicated SNFs for outbreak containment
- On-call infection preventionists for assessment and response
- Onsite UHERT ‘strike teams’ for facility prepared-ness

Broad screening / outbreak testing

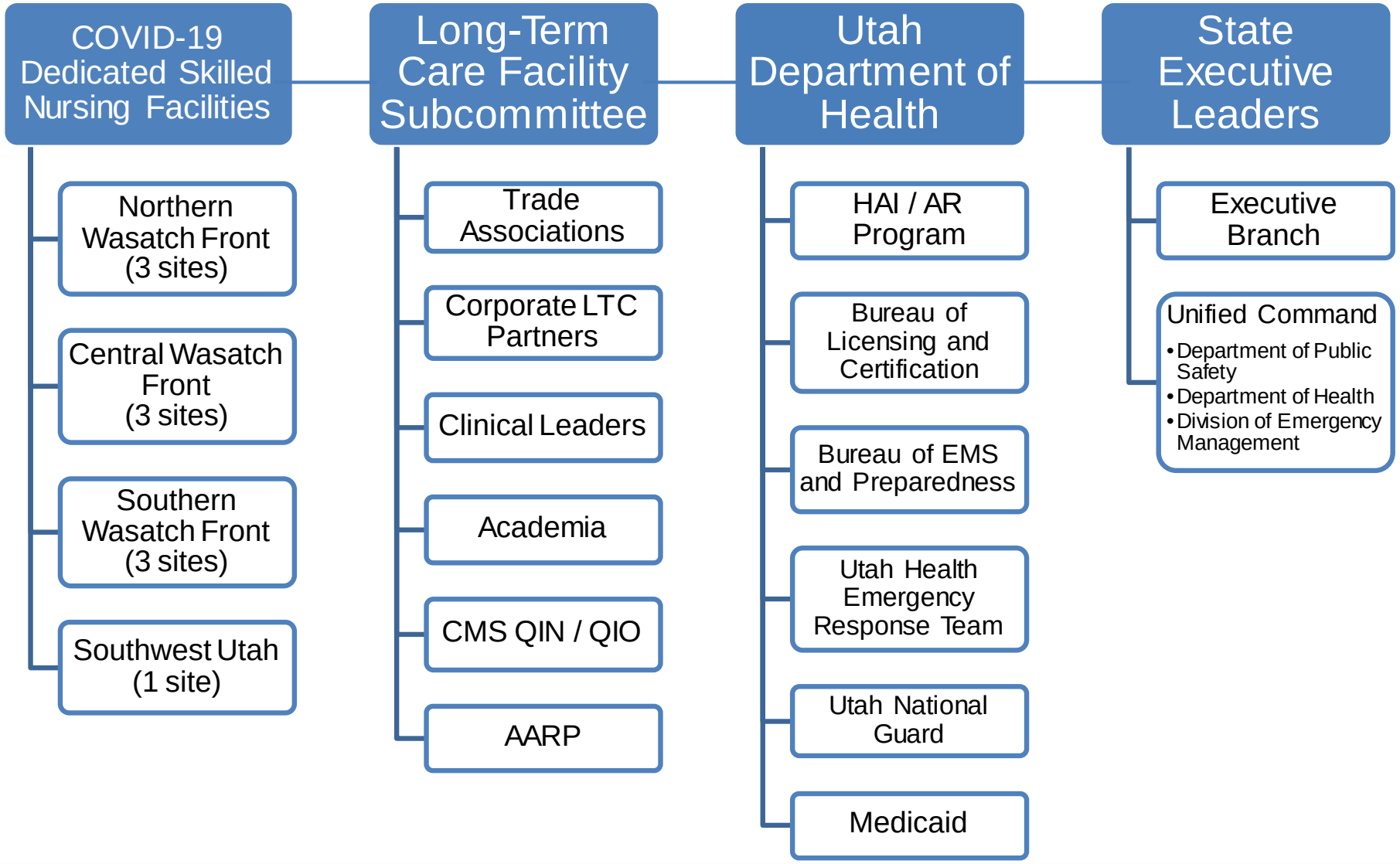
- UTNG mobile testing teams for weekly PCR testing during outbreaks
- Outbreak modeling to inform strategy
- Rapid ag tests for screening, symptomatic, exposure testing



Infection control / preparedness training

- LTCF-specific guidance on public website
- Train-the-trainer model
- Webinar series
- Infection prevention response plans
- Project ECHO
- Project Firstline

LEVERAGING PARTNERS



A CALL TO ACTION

Spencer J. Cox
Governor

EXECUTIVE ORDER
2021-02

7. **Monoclonal antibodies.** The Utah Department of Health shall coordinate with local health departments to establish procedures to offer monoclonal antibodies to residents of long-term care facilities who have tested positive for COVID-19.

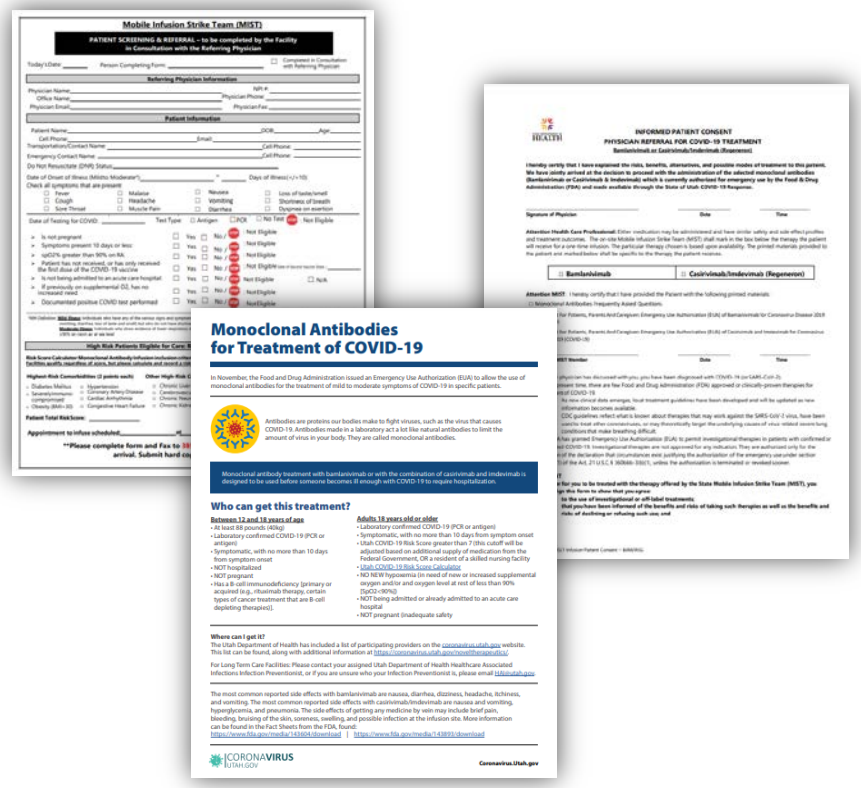
This Order is effective January 11, 2021, and shall remain in effect until modified, amended, rescinded, or superseded.

CLEAR ROLES AND RESPONSIBILITIES

Monoclonal Antibody Therapy in Long Term Care Facilities
HAI, MIST, LTCF & MIF Responsibilities

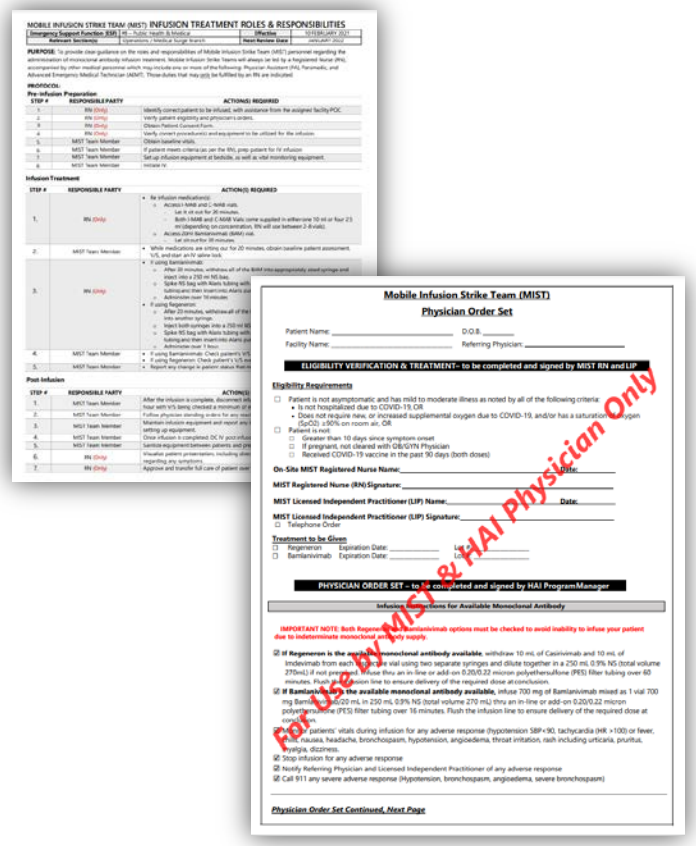
PURPOSE: This document identifies the roles and responsibilities of the Healthcare Associated Infections (HAI) Team, Mobile Infusion Strike Team (MIST), Referring Long Term Care Facilities (LTCF), and designated MIST Infusion Facilities (MIF) requesting activation and deployment of the MIST. Please note this will be an evolving initiative and this document should be consulted regularly for changes.

RESPONSIBLE PARTY	ACTION REQUIRED
Pre-Activation Phase	
LTCF	Provide Flyer and Frequently Asked Questions documents to residents and staff to encourage identification of eligible recipients before contracting COVID-19. Support information sharing and communication with residents and/or surrogates, and medical directors / PCPs. Notify residents that receipt of MaB currently most likely requires transfer to a designated MIF or administration in an ambulatory site currently providing MaB: https://coronavirus.utah.gov/noveltherapeutics/.
LTCF	Provide staff with information on how and where to seek MaB treatment should they contract COVID-19: https://coronavirus.utah.gov/noveltherapeutics/.
Activation Phase	
HAI	Engage with facilities on a regular basis via facility-specific Infection Preventionist to identify outbreaks and potential need for MIST. Encourage facilities to initiate transfer of COVID-19 positive residents to a MIF as soon as resident is identified. There may be exceptions to the recommendation for transfer for outbreaks of sufficient size to mobilize the MIST, based on available resources.
LTCF	For questions about newly identified cases of COVID-19 that might benefit from MaB, contact facility-specific Infection Preventionist or email, HAI@utah.gov.
HAI	Request activation of the MIST through facility-specific Infection Preventionist or email, HAI@utah.gov.
HAI	Send MaB Facility Documentation Packet (includes Responsibilities, Flyer, FAQ, Screening Tool, Standardized Order Set, Consent Form, After Care Instructions) to MIF and notify MIST to schedule date and time for MIST arrival and infusion treatment.
Candidate Identification and Facility Preparation Phase	
MIF (in consultation with Referring Physician)	Pre-screen residents who may be eligible for infusion treatment using the Screening Tool in the Documentation Packet (including calculation of a Risk Score). Provide HAI a list of all pre-identified eligible residents to HAI@utah.gov within 24 hours of scheduled MIST arrival.
HAI	Provide list of eligible residents to MIST.
MIF	Ensure completion of Patient Consent Forms for all participating residents.
MIF	Identify appropriate common area to host all eligible residents and MIST for 2.5+ hours. Equip with chairs/beds for those receiving infusions.



HAI / AR, MIST, MIFs

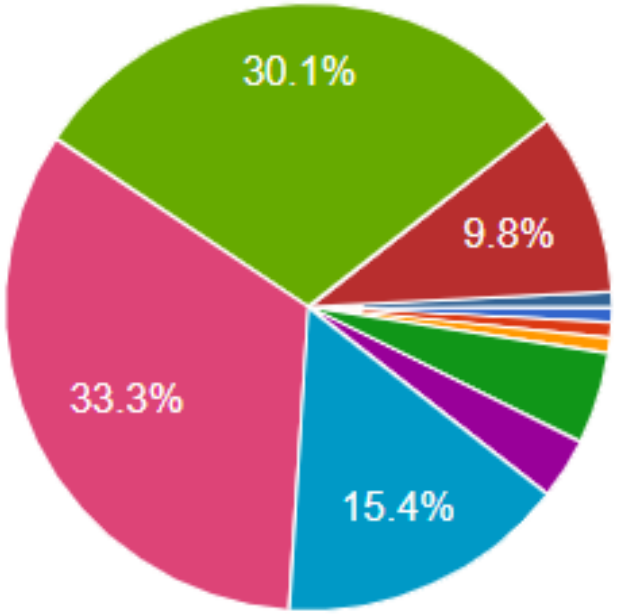
- MIST Activation and Response
- Physician Orders
- Data Collection



Referring LTCFs / Monoclonal Infusion Facilities (MIFs)

- Patient Education
- Screening and Consent
- Coordination with HAI / AR
- MIF Site Preparation / Service Terms & Conditions

OUTCOMES

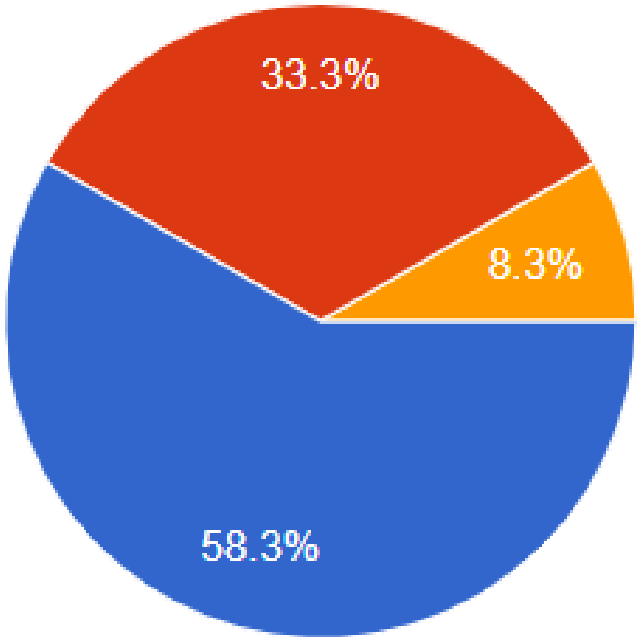


Age Breakdown

- 18-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81-90

Post-Infusion Symptoms

- Improved
- Stayed the same
- Worsened



To date, we have completed 125 infusions to date in 13 facilities since 1/16/21 launch

- 2 ineligible due to increased oxygen need
- 2 with nausea / vomiting treated onsite
- 1 with difficult IV access
- 1 hospitalization post-treatment (25% reporting)
- No deaths (25% reporting)