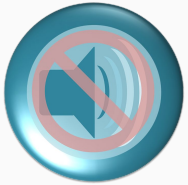
# Virginia Long-Term Care Clinician Network Monthly Forum

July 19, 2023 4:00-5:00 pm

# Welcome!



Please mute your phone or computer for now.  We will have time for open chatting and hope to hear from each of you.  Feel free to keep your camera on, we are happy to see you.

Also, please use the Chat box to share:

- your name
- your role
- your city or region in Virginia

Thanks!

# Disclosures

The speakers and presenters for today have no relevant financial conflicts of interest.

*Funding Disclosure: This work is supported by the **Virginia Department of Health, Office of Epidemiology, Division of Healthcare-Associated Infections (HAI) and Antimicrobial Resistance (AR) Program** and the Centers for Disease Control and Prevention, Epidemiology and Laboratory Capacity (ELC) Program under federal award number NU50CK000555 and state subrecipient number VCULTC603-GY23 in the amount of $820,002. The content presented is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control, the Virginia Department of Health, or Virginia Commonwealth University.*

# VDH VLIPP Projects

**Virginia Long-Term Care Infrastructure Pilot Project (VLIPP)** funding will be utilized in nursing homes and long-term care facilities to assist with the ongoing COVID-19 response and to bolster preparedness for emerging infections. The projects are based on identified needs that align with funding objectives

**VLIPP Stakeholders:**

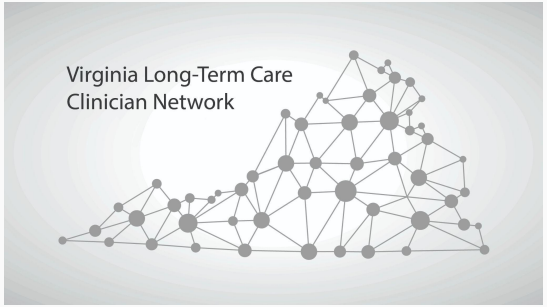
- Carilion Clinic
- Eastern Virginia Medical School
- Health Quality Innovators
- LeadingAge Virginia
- University of Virginia
- Virginia Commonwealth University
- Virginia Department of Social Services
- Virginia Health Care Association-Virginia Center for Assisted Living

https://www.vdh.virginia.gov/haiar/virginia-long-term-care-infrastructure-pilot-projects-vlipp/

# Network Planning Team and Where to find us?

- Christian Bergman, MD - Principal Investigator
- Bert Waters, PhD - Project Director
- Laura Finch, MS, GNP, RN - Clinical Coordinator
- Kim Ivey, MS - Communications / Administration
- Jenni Mathews - Survey Data & Evaluations Specialist
- Kristin MacDonald, MS, RD - Newsletter & Content Editor

Reach us anytime at ltccn@vcu.edu




SCAN ME

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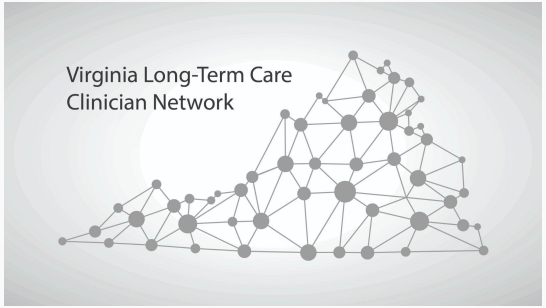
# Introducing the Network - Share w/ Peers




**About the Network:** The Virginia Long-Term Care Clinician Network brings together medical directors and clinicians practicing in nursing homes, assisted living facilities, and other congregate care settings, such as Program of All-inclusive Care for the Elderly (PACE).

**Member Benefits:**

- Free peer network fostering open discussion and collaboration
- Monthly newsletter
- Monthly forum (third Wednesday of each month from 4:00-5:00 pm)

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# Statewide Steering Committee

**Eastern Region:** Rob Walters, MD & Mary Mallory, NP

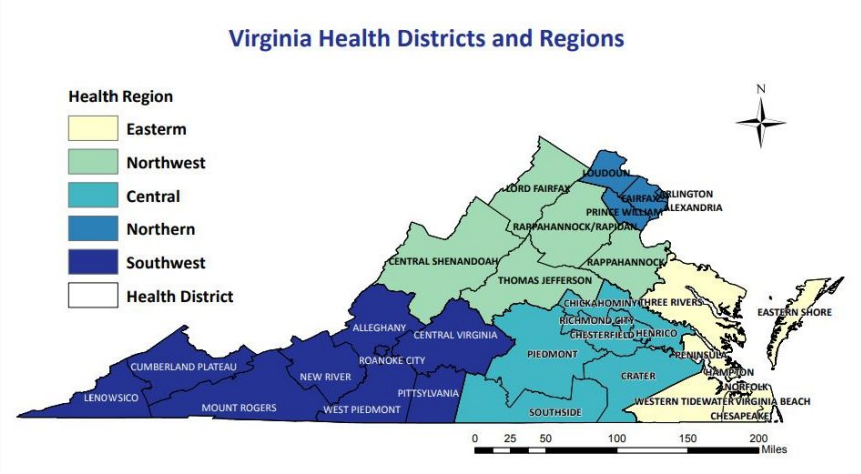
**Northwestern Region:** Jonathan Winter, MD

**Central Region:** William Reed, MD & Tangela Crawley-Hardy, NP

**Southwest Region:** Katherine Coffey-Vega, MD & Jamie Smith, NP

**Northern Region:** Noelle Pierson, NP

**Statewide:** Shawlawn Freeman-Hicks, NP

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# Forum Structure (60 min)

**Introduction - 2 minutes**

**Updates - 6 minutes**

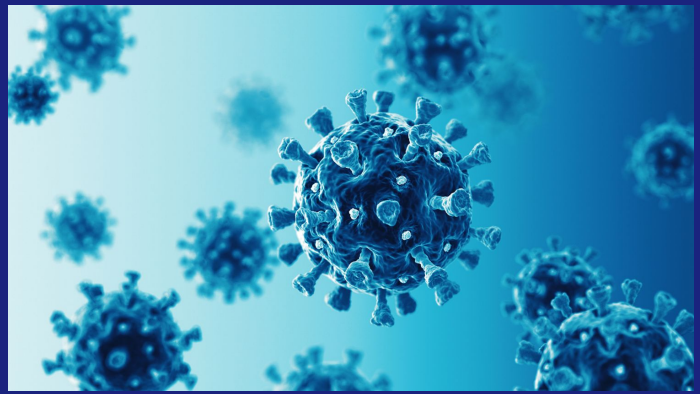
**Featured Meeting Topic & Cases - 15-20 minutes**

**Open Discussion - 15-20 minutes using Zoom chat features and open mic**

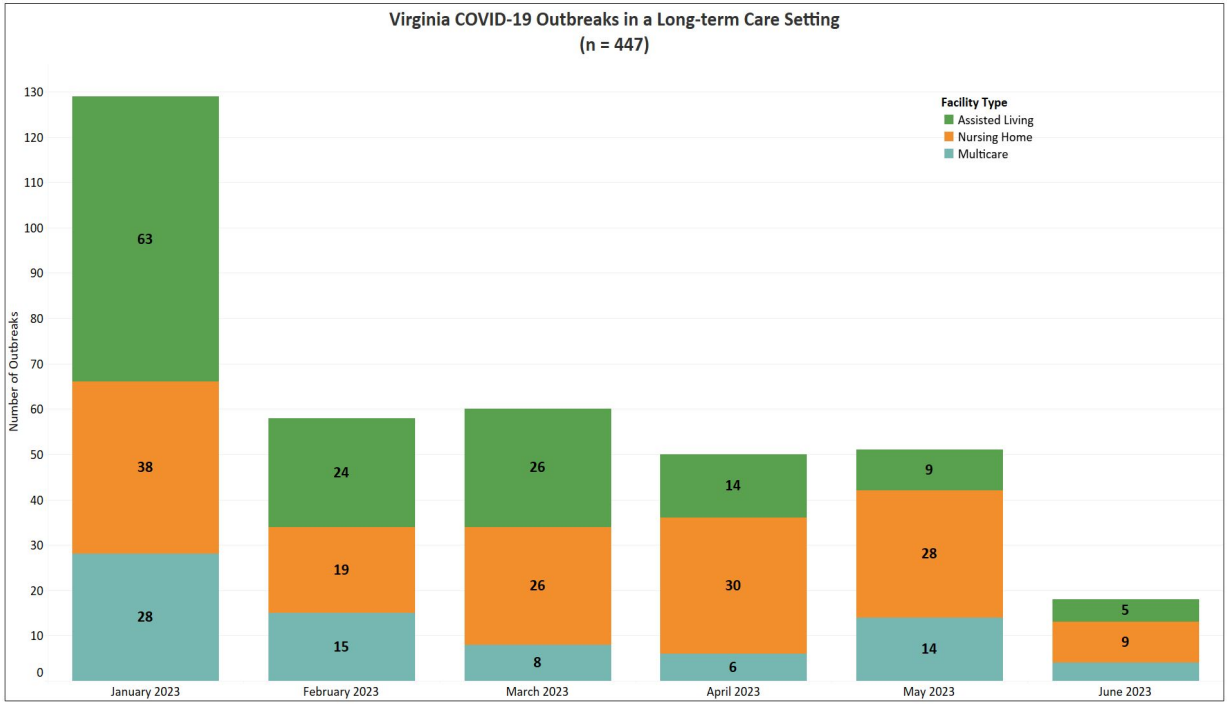
**Feedback -  3-minute post-Forum evaluation**

# Updates

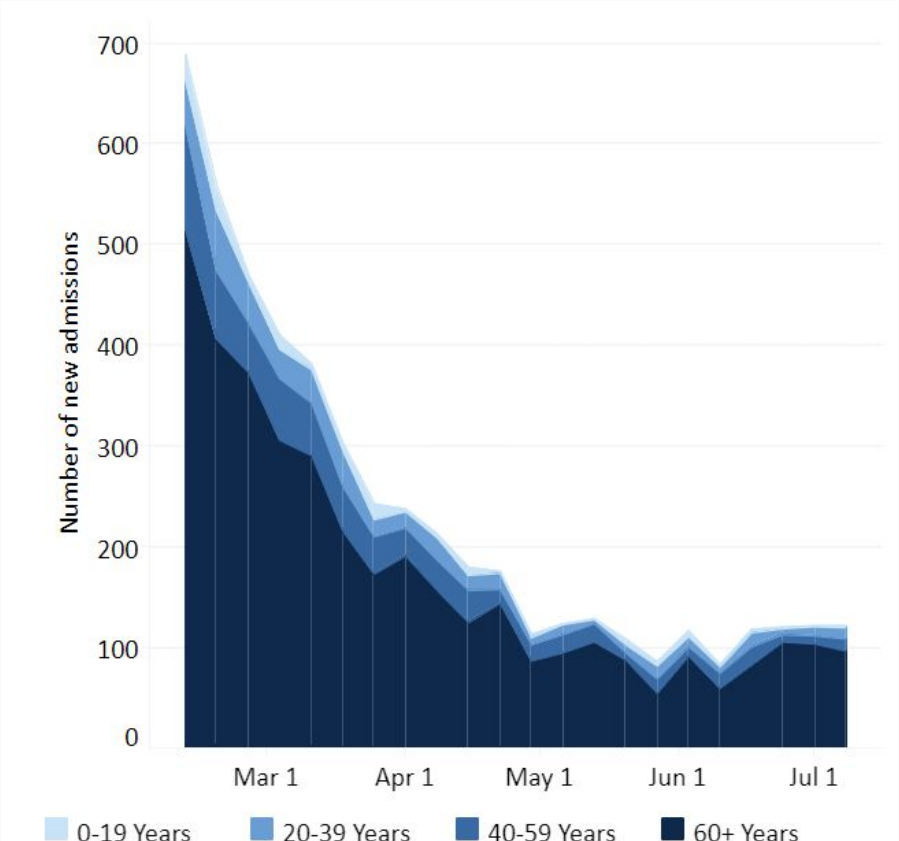
COVID-19:
Data, Treatment, Vaccines



# Outbreaks Reported from Virginia LTC



# Virginia Hospital Admissions COVID-19




**60+ Years 104 patients with COVID-19 admitted week ending 7/1/23**

**60+ Years 97 patients with COVID-19 admitted week ending 7/8/23**

**122 total COVID-19 Hospital Admissions week ending 7/8/23**

https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/

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# COVID-19 LTC Delphi Study

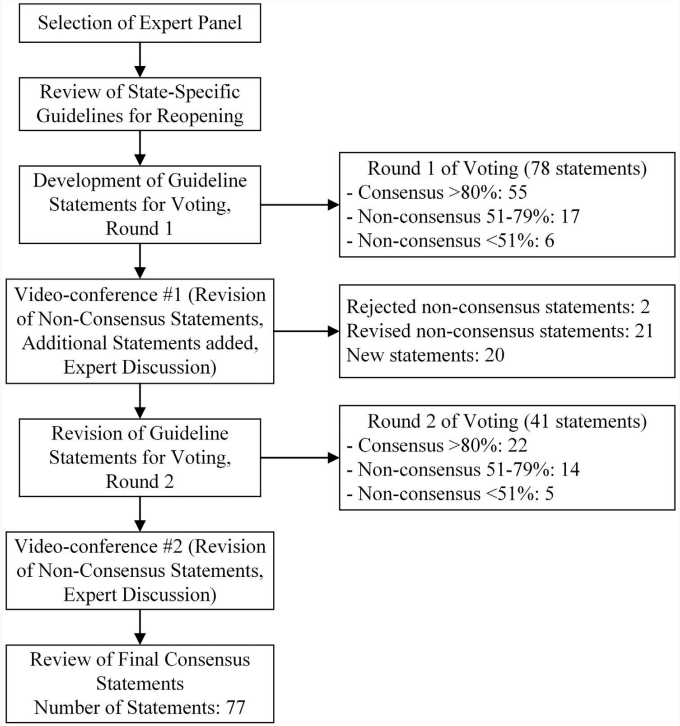
We are conducting a 2-step, modified Delphi process to better define the approach to COVID-19 in nursing homes and long-term care facilities following the end of the public health emergency and its associated waivers.

We are looking to identify individuals willing to serve on the expert panel that will be working to develop consensus statements around the diagnosis, treatment, and management in post-acute and long-term care.

Looking for MD/APPs mostly but can accept

No compensation. Time commitment is around 1-2 hours per week over a 3 week block.

https://vcuportal.questionpro.com/t/AUP1NZy0zU



# Properly Completing the Death Certificate: Your Final Act of Patient Care

Angela Gentili, MD
Professor of Internal Medicine, Division of Geriatrics
VCUHS
Site Director, Geriatrics Fellowship, Richmond VAMC

# Learning objectives

- You will be able to:
  1. Understand what is a “natural death”
  2. Recognize which deaths should be referred to the medical examiner
  3. Complete a death certificate correctly

# Purpose of the Death Certificate

- Document a death (registration process)
- Provide an opinion regarding cause, circumstances and manner of death (certification process)
- Provide information for public health benefits

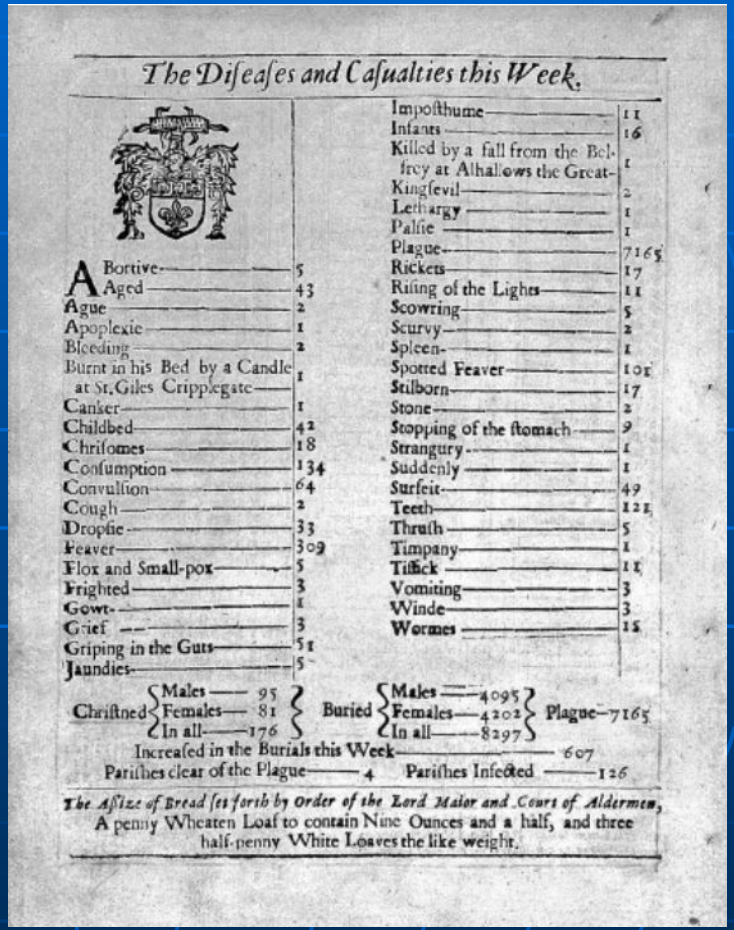
# Determining the Cause of Death

- Based on “ best medical judgement to certify a reasonable cause of death” (code of Virginia)
- Assess nature of illness and the circumstances of death
- Follow medical logic
- Autopsy findings if one is performed

The Crystal Ball, John William Waterhouse, 1902

## “The Diseases and Casualties this Week” London Bill of Mortality 1665

1. Plague 7165
2. Fever 309
3. Consumption (TB) 134
4. Teeth 121
5. Spotted fever 101
6. Convulsion 88
7. Surfeit (glut) 49
8. Griping in the Guts 51



*The Diſeaſes and Caſualties this Week.*

| | | | |
|---|---|---|---|
| Abortive | 5 | Impoſthume | 11 |
| Aged | 43 | Infants | 16 |
| Ague | 2 | Killed by a fall from the Belfrey at Alhallows the Great | 1 |
| Apoplexie | 1 | Kingſevil | 2 |
| Bleeding | 2 | Lethargy | 1 |
| Burnt in his Bed by a Candle at St. Giles Cripplegate | 1 | Palſie | 1 |
| Canſer | 1 | Plague | 7165 |
| Childbed | 42 | Rickets | 17 |
| Chriſomes | 18 | Riſing of the Lights | 11 |
| Conſumption | 134 | Scowring | 5 |
| Convulſion | 64 | Scurvy | 2 |
| Cough | 2 | Spleen | 1 |
| Dropſie | 33 | Spotted Feaver | 101 |
| Feaver | 309 | Stilborn | 17 |
| Flox and Small-pox | 5 | Stone | 2 |
| Frighted | 3 | Stopping of the ſtomach | 9 |
| Gowt | 1 | Strangury | 1 |
| Grief | 3 | Suddenly | 1 |
| Griping in the Guts | 51 | Surfeit | 49 |
| Jaundies | 5 | Teeth | 121 |
| | | Thruſh | 5 |
| | | Timpany | 1 |
| | | Tiſick | 11 |
| | | Vomiting | 3 |
| | | Winde | 3 |
| | | Wormes | 15 |

| | | | | |
|---|---|---|---|---|
| Chriſtned | Males 95, Females 81, In all 176 | Buried | Males 4095, Females 4202, In all 8297 | Plague 7165 |

Increaſed in the Burials this Week — 607

Pariſhes clear of the Plague — 4 Pariſhes Infected — 126

*The Aſſize of Bread ſet forth by Order of the Lord Maior and Court of Aldermen,*
A penny Wheaten Loaf to contain Nine Ounces and a half, and three half-penny White Loaves the like weight.

London's Bill of Mortality | World History Commons

# Case

- 90 year old male with CAD, dementia. He burns his thigh with hot coffee.
- Burn wound gets infected, he develops sepsis and dies.
- Can you sign death certificate?

# Which death should be reported to medical examiner?

A. Patient that died from a pandemic virus, thousands of patients died

B. Patient fell from the stairs, broke a hip and died of PE

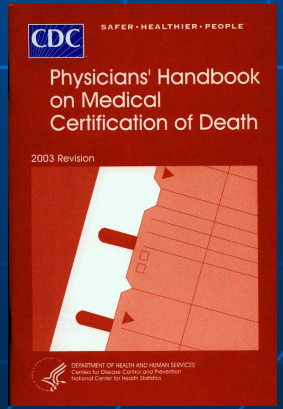
C. Patient with metastatic prostate cancer had a pathological fracture of the hip and died of PE

D. None of the above

E. All of the above

# When to notify the Medical Examiner? Non-natural cause

- “When an ***accident, suicide, or homicide*** has occurred, the medical examiner or coroner must be notified. If the medical examiner or coroner does not assume jurisdiction, the physician should check the appropriate manner of death and describe the injury and accident.”



# Deaths investigated by the ME

- Pursuant to § 32.1-283 of the Code of Virginia, all of the following deaths are investigated by the office of the Chief ME:
- Any death from trauma, injury, violence, or poisoning attributable to accident, suicide or homicide
- Sudden deaths of persons in apparent good health and deaths unattended by a physician
- Deaths of persons in jail, prison, or another correctional institution, or in police custody
- Deaths of patients/residents of state mental health facilities
- Sudden death of any infant less than eighteen months of age whose death might be attributable to Sudden Infant Death Syndrome and
- Any other suspicious, unusual, or unnatural death

§ 32.1-283. Investigation of deaths; obtaining consent to removal of organs, etc.; fees (virginia.gov)

# ME Case

- A 70 y/o man is found dead in a car in a park. It does not appear to be any foul play. A search of the car reveals an empty bottle of oxycodone prescribed by you at D/C from NH.
- The ME contacts you and requests the records of your last 3 notes and a list of all the medications you prescribed.
- Are you permitted to release the requested information?

# Can you give Personal Health Information to the Medical Examiner?

- “ME is authorized to inspect and copy the pertinent medical records of the decedent whose death is the subject of the investigation.”

  Code of Virginia  32.1-283

- Let risk management know

# Cause and Manner of Death

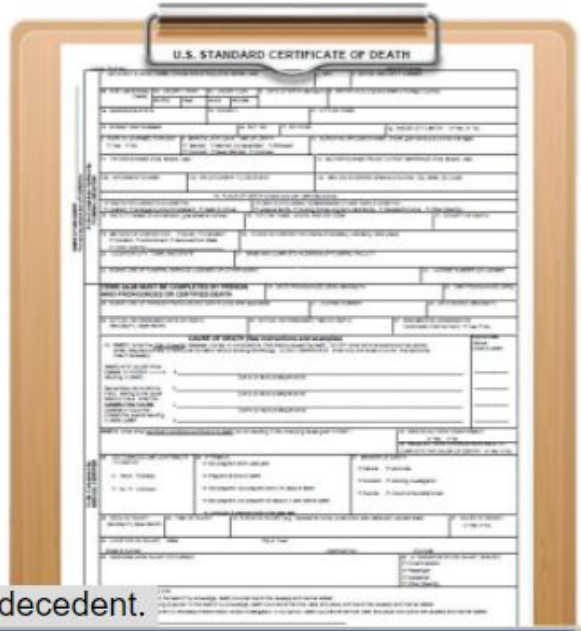
- Cause of Death (COD)- the disease or injury that results in death (delayed deaths occur).
- Manner of Death (MOD)- the circumstances surrounding the death. When PCP signs the DC the manner is always assumed to be **natural** disease but may be disputed in ME case (ex.-- suicide vs. accident or homicide).

# Completing the Cause of Death Section

## A Familiar Scene - Two hours after a death in a hospital

Sigh, how can I complete this death certificate? This patient had so many medical problems and he's not even my patient.

I know; it always happens like this. Just write "cardiopulmonary arrest" - the admitting office always accepts that.




Attending physician = the physician who has been overseeing the care of the decedent.

# Am I obligated to sign the death certificate?

- By law in Virginia, you must complete a death certificate if you are the LIP who was in charge of the patient's care for the illness or which resulted in death, unless the death was accepted for investigation by a medical examiner.
- If you have been providing medical care, you are in charge of the pt's care, even if you are not the PCP

# Who can sign the DC?

1. Physician in charge of patient's care
2. Another physician in same practice
3. PA supervised by such physician
4. NP part of patient care team
5. Medical Director or designee of hospice or NH
6. Hospitalist or ED physician where death occurred
7. LIP who has  access to med record and was delegated to complete DC

Code of Virginia § 32.1-263

# Immunity for Signing Death Certificates in Good Faith

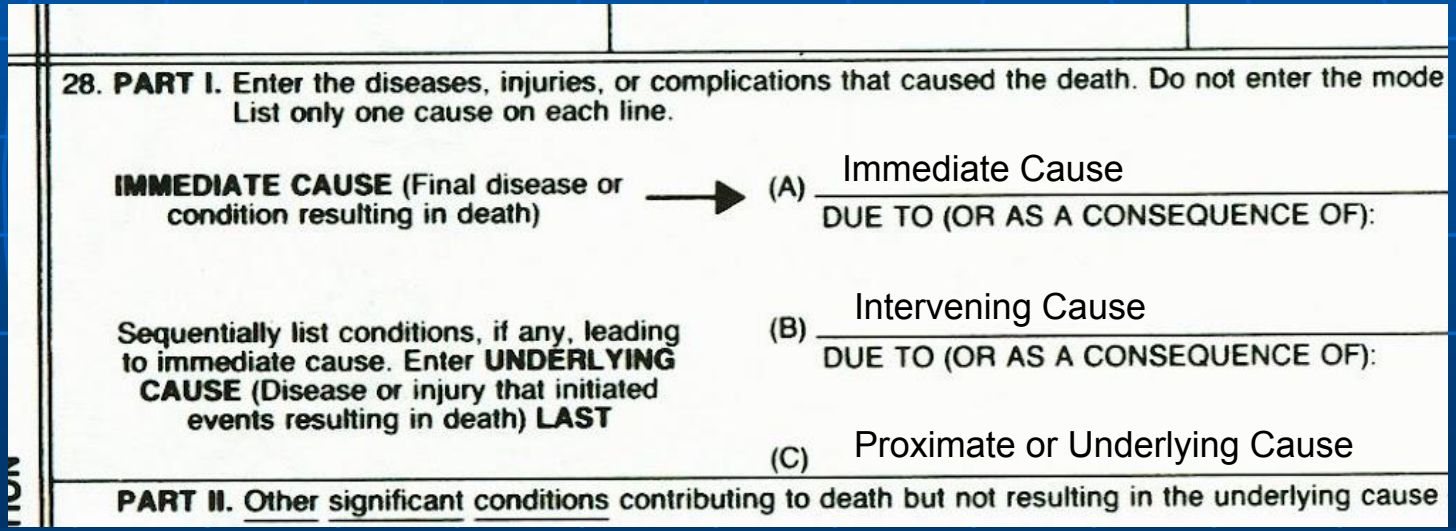
- A physician, nurse practitioner, or physician assistant who determines the cause of death in good faith and who signs the death certificate in the absence of gross negligence or willful misconduct is immune from civil liability

Code of Virginia § 32.1-263

# Proper Cause of Death

- The cause of death must be specific and must not be a mechanism of death such as cardiac arrest, pulmonary arrest, heart failure – useless terms.
- Non-specific causes, such as ‘hemorrhage’ or ‘hemorrhagic shock’ should not be listed alone without an underlying cause--i.e.  Hemorrhagic shock due to a perforated gastric ulcer.
- Never use Unknown or Don’t Know or “Old age” as cause of death.

# Medical Certification



28. **PART I.** Enter the diseases, injuries, or complications that caused the death. Do not enter the mode
List only one cause on each line.

**IMMEDIATE CAUSE** (Final disease or condition resulting in death) → (A) Immediate Cause

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter **UNDERLYING CAUSE** (Disease or injury that initiated events resulting in death) **LAST**

(B) Intervening Cause

DUE TO (OR AS A CONSEQUENCE OF):

(C) Proximate or Underlying Cause

**PART II.** Other significant conditions contributing to death but not resulting in the underlying cause

C: Underlying cause:
The natural disease which initiated the train of morbid events leading directly to death

# Item 28 Part II-Contributory Factors

- Other significant conditions present at time of death and **which contributed** but were not related to the **immediate** cause of death
- The test is whether the decedent would have lived with the condition(s) listed in Part II (contributory) if the immediate cause (28 Part I  A, B, and C) had not killed him.
- For Veterans: Consider including service connected conditions if they are contributors (like CAD, DM etc)

# Case

- 78 yo patient with CAD, recent CHF exacerbation, full code. He codes and is pronounced dead at the NH.
- Family declines autopsy
- Cause of death?

# Natural Death Certificate Example

From UpToDate

The immediate cause of death (COD) (28 Part I)

A- (Probable) ventricular arrhythmia

The intervening cause

B- Congestive Heart failure

The underlying (proximate) cause

C- atherosclerotic coronary artery disease.

** You may use Pending as a temporary COD if you are awaiting autopsy results but the DC will need to be amended later on a DC amendment form with a final COD

# Case

LTC patient with advanced dementia, was not having an acute illness, found dead in bed.

Cause of death is?

- A. Advanced dementia
- B. Complications of advanced dementia

# Natural Death Certificate, Section 28

- You do not have to fill in every blank (A, B, C) in 28 Part I to have a properly certified DC
- You may just put in the “underlying or proximate” cause on the first line (A) as only entry in 28 and be done with it
- For example– OK to put on 1st line (A)
  - Severe coronary atherosclerosis
  - Carcinoma of the colon
  - Alzheimer’s dementia

# Cause of Death Statements
# General Principles

- One condition per line
- Each condition should be caused by the one below – B must be present before A in time and pathologic relationship must be present, C must be present before B
- Interval may be short or simultaneous
- Interval may be long – years

# Cause of Death Statements General Principles, Cont.

- Consider use of **probable**
  - Probable Cardiac Arrhythmia, Probable prostate cancer (very high PSA, no biopsy)
- Qualify a specific COD with unknown natural cause i.e., gastrointestinal hemorrhage due to unspecified natural cause.

# Case

- Your NH patient was shot in the head 33 years ago (he was not the target), hemiplegic since.
- He dies age 73 of aspiration pneumonia
- Do you

A. Sign death certificate: Pneumonia
B. Sign death certificate: Pneumonia due to hemiplegia
C. Call the ME

# Case

- White House Press Secretary James Brady
- Shot in the head 1981 by John Hinckley, attempted assassination of Ronald Regan
- Spent rest of his life in W/C, died 2014
- Family: “Died of health issues” at age 73
- Virginia ME: “Homicide”

*Press Secretary Jim Brady cuts the ribbon opening the renovated press center ,1981*

# Cause of Death Statements
# General Principles

- Report all injuries, poisonings, unnatural causes to ME.
  - Delayed deaths, even months to years later (ex- C-spine injury from diving accident)
  - If injury caused the death, in whole or in part
  - Pathological fractures are exempted, but should be qualified as such on DC

# COVID-19 Case

- 80 yo female COVID+, develops pneumonia
- She is placed on BiPAP, declines intubation
- Dies from acute respiratory distress
- What do you write on the death certificate?

A. COVID
B. Pneumonia
C. ARDS due to pneumonia due to COVID

# CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

| | | Approximate interval: Onset to death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition ---------> resulting in death) | a. Acute respiratory distress syndrome | 2 days |
| | Due to (or as a consequence of): | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST** | b. Pneumonia | 10 days |
| | Due to (or as a consequence of): | |
| | c. COVID-19 | 10 days |
| | Due to (or as a consequence of): | |
| | d. | |

**PART II.** Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED?
☐ Yes ■ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?
☐ Yes ☐ Probably
■ No ☐ Unknown

36. IF FEMALE:
■ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

37. MANNER OF DEATH
■ Natural ☐ Homicide
☐ Accident ☐ Pending Investigation
☐ Suicide ☐ Could not be determined

https://health.hawaii.gov/vitalrecords/guidance-for-certifying-covid-19-deaths/

# WHO Guidelines COVID-19 Deaths

- COVID-19 should be recorded on the death certificate for ALL decedents where COVID-19 caused, or is assumed to have caused, or contributed to, the death.

- COVID-19 may be present on the death certificate as a significant condition contributing to death, but not the underlying cause.

# COVID-19 as Contributor

***Frame A*: Medical data: Part 1 and 2**

| 1 Report disease or condition directly leading to death on line a<br><br>Report chain of events in due to order (if applicable)<br><br>State the underlying cause on the lowest used line | | Cause of death | Time interval from onset to death |
|---|---|---|---|
| | a | Heart failure | 1 day |
| | b | Due to: Myocardial infarction | 5 days |
| | c | Due to: | |
| | d | Due to: | |

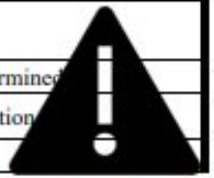
Underlying cause of death

| 2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition) | COVID-19 |
|---|---|

NOT COVID-19 DEATH

**Manner of death:**

| | | |
|---|---|---|
| ___ Disease | ___ Assault | ___ Could not be determined |
| ___ Accident | ___ Legal intervention | ___ Pending investigation |
| ___ Intentional self harm | ___ War | ___ Unknown |



Note: Persons with COVID-19 may die due to other conditions such as myocardial infarction. Such cases are not deaths due to COVID-19 and should not be certified as such.

# Case

- 85 y/o with advanced dementia
- Declining at home, decreased po intake, falls
- Admitted after a fall, humeral fracture
- Pneumonia
- Does not improve with abx
- Family opts for palliative care, discharged to a NH with hospice
- Cause of death? Do you call ME?

# Case: Cause of Death per ME

- Immediate cause:
  - Complication of R humeral neck fracture
- Other significant conditions:
  - Dementia, COPD

# VDH/VVESTS
# Electronic Death Registration System

- Browser: Google Chrome or Microsoft Edge
- Some terms may be flagged as possibly requiring referral to ME
  - Anoxic encephalopathy
  - Aspiration pneumonia
  - Any diagnosis with word “injury”

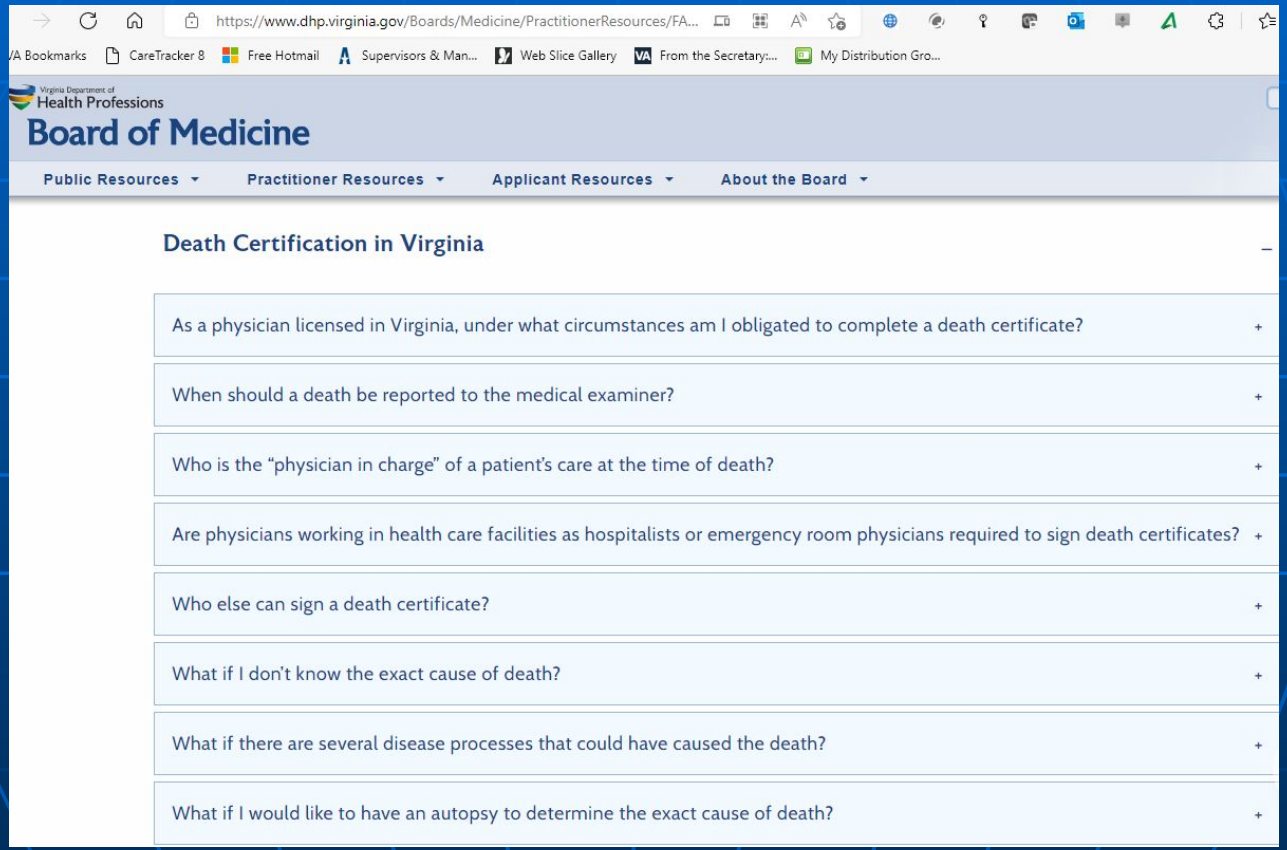
vdh.virginia.gov/content/uploads/sites/93/2019/08/physicians-training.mp4

# Completing a DC: Main points

Before completing a death certificate ask yourself:

1. Is this death related to an injury, accident (fall), overdose or other unnatural event? If yes, call the Medical Examiner
2. Is this a natural death due to natural disease/s? If yes, you can proceed
3. For Veterans: Did a service connected condition contributed to the death even if it did not cause the death directly? If yes add it to the DC (Part II – Contributory factors)

# Virginia Board of Medicine FAQ




Can also contact local Health District Director Local Health Districts - Virginia Department of Health

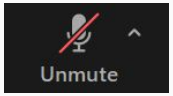
# Questions?

*Lake Endine, Province of Bergamo, Lombardy, Italy*

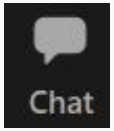
# Open Forum Discussion

# Open Forum Discussion

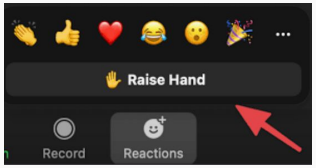

Turn on your video  - we'd love to see you!




Unmute to contribute a question or comments




Use the **Chat box** to type in questions or comments




Or **Raise Your Hand** in Reactions, or in Participants or use Option+Y (mac) or Alt+Y (pc)

# Open Forum Discussion

**Waterfall Chat**

**Have you ever been invited to participate in QAPI at your facility? If yes, share something that works well.**

Instructions:  Type in your answer and wait for the countdown to push enter.

5, 4, 3, 2, 1… press Enter!

# Thank you for joining the Network!

**Next Newsletter** - coming to you early August.

**Next Monthly Forum** - Wednesday, August 16, 4-5 pm

**Calendar Reminder** - Scroll down in your Zoom registration confirmation email for a calendar link you can use to update your calendar automatically with the Zoom link for future meetings.

**On your way out** of Zoom, kindly answer a brief feedback survey.

**Stay in touch!** Email questions and suggestions to ltccn@vcu.edu

**Invite your colleagues** to register at ltccn.vcu.edu

# Resources for Virginia Clinicians

- https://www.dhp.virginia.gov/Boards/Medicine/PractitionerResources/FAQ/
- https://www.vdh.virginia.gov/vital-records/electronic-death-registration-system/training/
- https://www.vdh.virginia.gov/medical-examiner/death-certification-information/

# Resource: