

Determining The Utility of COVID-19 Surveillance on Physical Medicine and Rehabilitation Inpatient Management



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Objectives

The current COVID-19 pandemic has put an enormous strain on the US health system, especially in the realm of infection control and cohorting in the inpatient environment. Cohorting of suspected patients is highly dependent on laboratory testing results and testing was initially performed only on symptomatic patients. In one of our hospital rehabilitation units, where there are typically two to four patients to each room, several COVID-19 positive patients were identified after admission following development of upper respiratory symptoms and/or fevers. As an intervention, all known COVID-19 positive patients were cohorted and testing of all patients upon admission to the unit was implemented to determine COVID-19 infection status for case management.

Design

A total of 250 nasopharyngeal swabs from admitted patients were analyzed for COVID-19 using molecular nucleic acid amplification testing from April 27th- July 31st, 2020, as part of surveillance for PM&R.

Results

During the months of April-June (at the tail end of the pandemic in NY state [positivity rate ~16% at end of April and ~2% at end of June]), 3 patients were identified as positive out of 153 (giving a positivity rate of 1.96% in our patient population). An additional 96 patients were tested during the month of July and were negative.

Date Ranges	Total number of patients tested	Number Negative	Number Positive	In-house positivity rate	Positivity Rate range in NYS
April- June 2020	153	150	3	1.96%	16% (Apr)-2% (Jun)
July	96	96	0	0%	<2%

Summary and Conclusions

During periods of high overall positivity rates in the population, screening successfully identified 3 COVID-19 infections to stop spread on the PM&R units. When overall positivity rates dropped below 2%, surveillance did not detect any additional new positive cases. Surveillance should be performed when COVID-19 has a high prevalence rate in the community, because cases can be identified resulting in immediate isolation to prevent hospital spread. Immediate isolation is imperative in an acute IPR setting where patients are using the same spaces and equipment during therapy sessions, regardless of distancing and sanitizing practices being utilized.

