

Midwest Geriatrics – Palliative Fellowships Consortium

GERIATRICS TWITTER JOURNAL CLUB

#GeriJC

Risk Factors Associated with All-Cause 30-Day Mortality in Nursing Homes Residents with COVID-19

February 2021

Dr. Benjamin Rosenstein, Geriatrics Fellow from University of Wisconsin leads discussion on this study
(see video)

@GeriEducator: Well established methodology, large clear sample, single outcome, common covariates, logistic regressions and odds ratios, sensitivity, clear figures. Great article for discussion today. #GeriJC

@curcumin: Do you think loneliness in the NH increases risk of poor COVID-19 outcomes?

@NDgeriDocDahl: #geriJC I suspect loneliness plays a role in morbidity and mortality and COVID infection!

@TarteNikhil: I had three patients in one of our nursing homes who I felt had accelerated cognitive and physical decline likely due to social isolation with one resident who is already decreased, so I assume so

@GeriEducator: #GeriJC Recent analysis of federal data suggests that isolation has contributed to 13,200 excess #dementia deaths since the pandemic's start. @USATODAY

T1. What are the most interesting aspects of the paper?

@BERosensteinMD: Still find it really interesting that those identified as “black” or “other” had lower mortality, with statistically significant CI. The opposite of most other epidemiologic research so far

@GeriEducator: True. Also, facilities with high indigent populations tend to do worse in mortality. Further this study did not correct the mortality rate relative to the county infectivity rate?

@curcumin: Was Black NH population younger in this study? 20% mortality for 80+ and less so for young old

@BERosensteinMD: Very possible this study is capturing a larger issue - - those who identify in minorities tend to have lower life expectancy for many reasons. Possibly if older and living in a NH, that may be protective?. #GeriJC

@GeriEducator: @BERosensteinMD @curcumin not clear if staffing ratios are comparable at NHs across 25 states. Thoughts? #GeriJC

@BERosensteinMD: Suspect they weren't, but really not a way to specify from the article. Certainly could be an important confounder: COVID-19 Infections and Deaths among Connecticut Nursing Home Residents: Facility Correlates doi:10.1111/jgs.16689

@GeriEducator: A little bit of critique for interesting aspects @curcumin. Study was limited to a corporate chain which research shows that they have a lower mortality than individually owned facilities. #GeriJC

@curcumin: University of Chicago study revealed differences between stand alone NH and corporate NH in COVID19 infections, but 5 star status made no difference

@TarteNikhil: Agree with Benjamin. That was one of the first things I noticed when I read the article. Also I was surprised that comorbidities such as CHF, HTN, and CAD weren't associated with increased mortality which is usually what's found in the literature for community-dwelling adults

@Chaudha66843301: They did not comment on how they evaluate the quality of care provided in each of these NH across the US which van indirectly affect outcome? Also didn't specify how many asymptomatic patient who tested positive on screening die in 30 days?

@curcumin: Good point, Covid19 outbreaks led to neglect of other care functions with reports of increased pressure ulcers and unintentional weight loss

@BERosensteinMD: Beyond review of EMR, MDS & infxn logs, no specifically quality of care – tough other studies have reviewed this.

This study specifically evaluated symptomatic residents. They included those who were + in screening & symptomatic w/in t-5 to t+14 days of testing #GeriJC

T2. Were the analytical approaches used in the study appropriate?

@BERosensteinMD: The authors lay out very clearly how they defined a (+) case and the scales used to define function and cognition.

As has been raised, having more info on background pop. rate and keeping age w/demographics data may have proved useful. #GeriJC

T3. Does the study add new knowledge to established foundations?

@BERosensteinMD: It has been reported that older adults and NH residents were at increased risk of bad outcomes from COVID19. This study really specified contributing factors and showed a significant dose-response relationship that clarifies risk factors. #GeriJC

@TarteNikhil: Although this was probably predictable, it solidifies the fact that impairment in cognitive and physical function is a risk factor for mortality

T4. What are the weaknesses of the study (design)?

@BERosensteinMD: Out of the author's control, but would be interesting to know what affect DNI or DNH orders had on mortality rates, especially after we had better data on dexamethasone and non-invasive O2 support when some of those orders may have switched #GerijC

@NDgeriDocDahl: Agree such evolving treatments now compared to start of pandemic. Will need to follow up! Hope to see the huge drops like in Israel if we can get vaccinated! #GerijC

@GeriEducator: @curcumin Study did not include falls, anorexia, or hypoactive delirium as key symptoms of covid infection #GerijC

T5. How would you introduce the findings in your practice?

@BERosensteinMD: Provides a good framework for having discussions with families about risk factors, probable outcomes, and, especially, goals of care. One a lot of us were probably already using, but brings some data to it. #GerijC

@GeriEducator: Emphasizing the role of family discussions @curcumin @NDgeriDocDahl #GerijC

@Chaudha66843301: This would help risk stratify NH patients and patients to watch for more closely, it would be more helpful to know the mechanism how they actually contribute to increase mortality

@NDgeriDocDahl: Agree this lends to more informed discussions with patients and families when discussing #whatmattersmost #patientpriorities and #goalsofcare #GerijC

@TarteNikhil: For me, I honestly don't think it would really change the way I practice. Although I do think it is important that we must do whatever it takes to prevent further cognitive or physical decline, whether they get COVID or not

@BERosensteinMD: Would agree; not so much change my practice, rather lends to data to help guide conversations about care options #GerijC

@GeriEducator: @BERosensteinMD @curcumin #GerijC

