

# COVID-19 Update

## November 19: New Procedural Scheduling and Visitor Policies, Bamlanivimab Monoclonal Antibody EUA, and Mortality Rate Reductions

*Today's issue features an update on surgical and procedure scheduling and changes in visitor policies, as well as information about bamlanivimab monoclonal antibody for emergency use in the treatment of patients who are at high risk of developing severe COVID-19. It also includes details about the reduction in mortality rates associated with COVID-19.*

### **NEW PROCEDURAL SCHEDULING AND VISITOR POLICIES NOW IN EFFECT**

With the increase in COVID-19 cases across the city and the state, as well as state-issued mitigation guidelines, NM has implemented additional measures to maintain a safe and trusted environment for staff and patients.

#### **Surgery and procedure scheduling**

Non-emergent surgeries and procedures that require an inpatient bed have been reduced to preserve bed availability, staffing and resources. Resource availability is determined weekly to ensure appropriate communication with patients and their physicians.

#### **Visitor policies**

Effective immediately, inpatients may have two pre-identified visitors, but only one can be in a patient room at a time. Patients in any NM Emergency Department will be limited to one visitor once the patient is in an exam room, and that visitor must stay within the room. Visitor policies for patients with COVID-19 or who are being evaluated for the virus remain unchanged.

Marianjoy Rehabilitation Hospital has implemented a temporary no-visitor policy for all inpatient rehabilitation units. Visitor exceptions may be granted if medically necessary and require approval by the attending physician. All visitors will be screened for illness and their temperature checked before being allowed to visit. For details about Marianjoy's revised visitor policy, please click [here](#).

Visitors are required to wear a mask at all times, including when they are in a room visiting the patient. Visitors who do not comply with this policy may be asked to leave the facility and may be restricted from visiting. Please continue to refer to the [Visitor Restrictions Due to COVID-19 page](#) on nm.org for the most up-to-date information.

### **BAMLANIVIMAB MONOCLONAL ANTIBODY EUA**

The Food and Drug Administration (FDA) has made the monoclonal antibody medication bamlanivimab available under Emergency Use Authorization (EUA). At NM facilities, EUA for the

use of the unapproved product bamlanivimab is intended for the treatment of mild to moderate COVID-19 in adults who:

- Test positive for SARS-CoV-2
- Are 18 or older
- Weigh at least 40 kg
- Are at high risk for progressing to severe COVID-19 and/or hospitalization

High risk is defined as patients who meet at least one of the following criteria:

- Have a body mass index (BMI)  $\geq 35$
- Have chronic kidney disease
- Have diabetes
- Have immunosuppressive disease
- Are currently receiving immunosuppressive treatment
- Are 65 or older
- Are 55 or older **and have at least one of the following conditions:**
  - Cardiovascular disease
  - Hypertension
  - Chronic obstructive pulmonary disease or other chronic respiratory disease

Bamlanivimab has been authorized by the FDA for the emergency uses described above. Bamlanivimab is not FDA-approved for these uses.

The referral order to request treatment will go live in Epic on Thursday, November 19. Monoclonal antibody treatment will begin at Northwestern Memorial Hospital, Central DuPage Hospital and Delnor Hospital on Friday, November 20, and at all other sites on Monday, November 23. Infusion nurses will contact the ordering provider or covering provider with questions as needed.

Please note that NM will not follow up with patients if the referral order for monoclonal antibody treatment cannot be accommodated, as our allocation is limited. Please note:

- Many patients who have a referral order for treatment will not be contacted by scheduling.
- If patients referred for treatment do not receive a scheduling phone call within 72 hours, it means they could not be accommodated and will not receive treatment.
- Similarly, if physicians and providers do not receive a request for co-signature for a treatment order, that is an indicator that the patient did not receive treatment.

For additional information about the emergency use of bamlanivimab, please view the [Bamlanivimab Monoclonal Antibody FAQ](#). Additional resources are available on the [COVID-19 Treatment Resources page on Physician Forum](#), as well as the [COVID-19 Treatment Resources page on NMI](#) (login required).

### **REDUCTION IN MORTALITY RATES**

Researchers are **reporting** that the SARS-CoV-2 fatality rate in the U.S. has dropped by nearly a third since April, from 0.9% of those infected to around 0.6% today. Across NM, we are experiencing a similar reduction in mortality rates among hospitalized patients, from 6.7% (March through April) to 3.6% (September through November).

A number of reasons account for this decline, including better knowledge about the disease, refined protocols for how to best care for patients, and expanded testing and treatment options.

As we have learned more about COVID-19, we have developed a better understanding of which patients are at risk of developing more severe symptoms, when those symptoms may manifest and how to manage those symptoms. Specifically, our ICU colleagues have learned how best to ventilate patients with the most severe illness and how to manage critical issues, such as sedation and positioning, to improve outcomes. Knowledge about how the disease manifests has enabled us to discharge some patients more quickly, resulting in shorter lengths of stay.

In addition, an armamentarium of medications is available to treat COVID-19, thanks in part to the work of our physicians, scientists and patients who have participated in research efforts. Remdesivir, the first medication approved to treat this infection, has been shown to shorten the course of recovery in hospitalized patients, allowing them to be discharged more quickly and with fewer complications. Dexamethasone has demonstrated a reduction in mortality among patients with COVID-19 who require supplemental oxygen. Convalescent plasma is available and may speed recovery in patients earlier in the disease course, and new therapies like monoclonal antibodies have been shown to reduce hospitalizations in outpatients who are at risk for hospitalization.

Together, these advancements have contributed to a significant improvement in patient outcomes. Across NM, thanks to our talented physicians, nurses, pharmacists and therapists, we have been able to provide a comprehensive range of treatment options, allowing us to continue to offer high-quality care to patients with COVID-19. We hope our efforts will continue to contribute to further improvements in patient care worldwide.

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Thank you to all NM physicians and clinicians for your collaboration and leadership as we continue to navigate the pandemic. Your unwavering commitment to providing safe, high-quality, *Patients First* care is deeply appreciated.



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