COVID-19 Care Partners Webinar

March 13, 2020

Welcome:

* Patients are counting on you more than ever and we’re grateful for all of the work you’re doing to change your typical work flow to accommodate ill patients who need your assistance
* 1hr webinar, hundreds of participants, unable to unmute lines, questions in text box, will answer what we can live and respond to the rest with a written Q & A which will be sent out with the recording of the webinar
* Try to cover a lot of info but leave enough time to get through your questions
* Much of the information we will review today can be found on our website at tn.gov/health (show webpage)
* Define Confinement vs Mitigation, Isolation v Quarantine
* first case was just identified 1 week ago
* Overview of current situation, case numbers

-90 of 95 counties do NOT have identified cases

* More testing = more cases. That doesn’t necessarily mean we’re not being successful, we may just be identifying more people who have been infected.
* it will become impossible to do contact tracing and we’ll need providers and patients to assist with notifying contacts of the need to quarantine.

-Our response thus far:

* + Public info line 10a-10p 7d/week 877-857-2945 answering 100s of calls from your patients each day
  + Call center for clinicians 8am-MN 7d/week answering 100s of calls from clinicians every day
  + On-call MN-8am 7d/week
  + Despite these efforts, capacity is limited and call lines are overloaded. We need your help and ask you to be a continued resource for the patients you care for
  + Testing capacity
    - Several commercial labs
      * Quest and Labcorps
      * AEL will be statewide on Monday.
      * Clinicians can send tests to these labs at their discretion. We cannot tell you who to test
      * We’re told they must be contracted providers and expected turnaround is 3-5 days
      * Cost is ~$300
      * If you order a test from a commercial lab it is your responsibility to manage that patient. Advise on isolation and advise patient to contact their contacts to advise 14d quarantine.
    - Hospitals/Clinical Labs define their own procedures. Contact them directly for guidance.
    - State Public Health Lab is prioritizing testing for high risk groups
      * critically ill
      * symptomatic health care workers or others from occupations with high potential for exposure to large numbers of individuals
      * severely immunocompromised
      * residents of long term care facilities
      * contacts of confirmed cases
      * those returning from high risk areas
      * ARDS without etiology
      * SPHL turnaround is 1-2 days from receipt
    - SPHL will do it’s best to provide testing for uninsured patients
    - “Test Kits” are not sent to providers. There are no COVID-specific testing supplies. You need synthetic swabs and viral transport medium
    - You can safely obtain specimens and care for your patients if you have basic PPE available—gloves, surgical masks, eye protection, and gowns. N95 masks are not necessary except in cases where aerosolization is likely such as with suctioning and intubation. The most helpful thing you can do is to care for your patients.
    - Local public health cannot test your patients
    - Please do not send them to EDs for testing. That system is already overwhelmed.
    - There is no recommendation to test asymptomatic patients
    - Set reasonable expectations for return of test results. Results do not change management. Isolate until confirmed or ruled out.
    - TDH SHOULD get results from all outside labs, but you may get results first. Assume PH does not know and immediately contact local public health about any positive result you receive
    - TDH is NOT provided ordering physician info when notified of results from an outside lab.
      * This can take time to chase down.
      * TDH always prefers that the physician inform the patient of the result, but sometimes that’s not possible
      * TDH will make 1 call to the patient and tell them to isolate themselves
      * Results from the state are returned to the ORDERING provider

Clinical Operations:

* This is here to stay for a while
* Will continue to be disruptive
* Need to develop new standard operating procedures for your clinics
* Judging by other countries, we’re probably looking at a minimum of 6 months. The sooner you can adopt new procedures to adjust work flow, the better we can work together to get people tested and isolated and stop the spread
* Consider cancelling elective visits—annual physicals, well child checks, rechecks. Or have well visits at one site, sick at another, or well visits in the mornings and sick in the afternoons
* Consider telehealth visits for behavioral health, appropriate follow-ups.
* Post signs outside on the door asking pts with symptoms to call into the office first
* May want to ask them to return to their cars and call
* May need to walk a mask out to them if you don’t think you can put a box outside the door
* If you only have one mask, put it on the patient
* Droplet precautions are recommended. It is not necessary to use airborne precautions unless suctioning or intubating a patient or performing a procedure that might cause aerosolization of secretions
* Whenever possible, bring symptomatic patients into the office through a back door and room immediately. Close the door.
* Limit staff exposure to symptomatic patients. Can take hx by phone. Have one provider get vitals and do exam. Avoid taking shared equipment into the room. Be sure to wipe down anything that was used. May want to have dedicated equipment.
* All staff w/in 3-6 feet of pt need to be masked (surgical is fine)
* All staff in contact w/ pt need full PEP
* Taking those precautions will prevent your staff being quarantined in the case of a confirmed case
* Testing involves obtaining one one NP swab. Polyester or dacron on a plastic or aluminum shaft. No cotton. No wood . No calcium alginate swabs. Put in viral transport medium (the pink stuff). Label with patient name and DOB. Send to your outside lab or call the state 615-741-7247 if you have a high-risk patient who needs rapid turnaround of testing. May want to consider running flu, resp viral panel testing before requesting COVID testing. Send pt home to isolate. If they need to a higher level of care, send them to the hospital masked and call ahead.
* Have a STRICT policy that NO ONE in your office comes to work if they are not feeling well. Check temperatures when employees report and send them home if >100.4. They should remain isolated at home until they feel well for at least 72 hours. There should be no exceptions. If that means closing the clinic because the provider is sick, that what needs to be done in order to protect your staff and patients. Please be proactive.

General Precautions

* Wash hands
* Hand sanitizer
* Social Distancing
* Avoid mass gatherings. If you can’t be 3-6 feet from the next person, don’t go
* Avoid small enclosed air spaces when possible (public transportation, theaters)
* Don’t send kids to school if they are not well. Once there’s a case in a school that school will be closed
* Avoid non-essential travel. Outdoor spaces are great!

Open for questions.