



May 15, 2020

***New Information From Your CPMG Medical Directors...
... always interesting to us – hopefully useful to you!***

From: "Morris, Kenneth MD" <kmorris@rchsd.org>

Date: May 14, 2020 at 5:06:40 PM PDT

Subject: CPCMGR/CPMS NIGHTLY COVID CHRONICLES 5/14/2020

Good Evening:

These are nightly updates for all CPCMGR and RCPMS staff. Other valued community members which includes all CPMGR affiliates and Radys Executives, as asked, have been included for the sake of collaboration. Please note that the information included herein is geared towards CPCMGR & RCPMS staff and while generally useful to the broad community, all aspects may not always be applicable to your respective organizations.

I had a chance to review a news feed from Cedars-Sinai Hospital's CIO, Darren Dworkin. In the feed, Dworkin outlined the technology that will be most important to health systems as they emerge from the pandemic and why systems should still focus on innovation despite our shrinking bottoms lines. Dworkin noted his concerns that healthcare delivery organizations have at times not been as aggressive as they should be in innovation, particularly around looking at new IT solutions that enable healthcare delivery. To quote Mr. Dworkin: *"If innovation gets deprioritized, we are in trouble. There was never a time when we needed to focus more on innovation and figure out how to "land the plane" in this new normal."*

On reflection, I think back and chuckle at times when many of us (not just our organization) have had our pleas for the expansion of video visits and other e-technology such as e-consults poo poed as unnecessary. Fortunately, we had done enough to adapt quickly. Now is not a time for "I told you so's," but a time for action if we want to remain nimble in the rapidly changing healthcare environment.

Positive Pediatric Energy: Dr. James from our Regents site shared a drawing that she received today from a 6 y/o patient of hers (see **attached**). *"We are healthy because of you being brave."* Many of us (including Dr. James) don't feel that we are necessarily being brave, because this is our commitment as pediatric providers to the communities that we serve. However, quoting Dr. James who says it best, "I am certainly proud to be

part of CPCMG where we remain open and give access to all of our patients.” Great job Veronique and Team Regents!

Honoring First Responders & Essential Workers: 24 year veteran and retired USAF Colonel, Vinny Lostetter (husband of Gateway Lead Physician, Dr. Lostetter), passed on the following. Tomorrow, May 15th, the Air Force Thunderbirds will be flying over San Diego starting at Noon lasting for about 15 minutes. They will be starting in Chula Vista (near Scripps and Sharp Chula Vista) and will be flying a zig zag route North past the majority of the major hospitals (including Radys) ending in Escondido near Palomar Hospital before heading on up to Los Angeles. Thunderbirds commander, Lt. Col John Caldwell was quoted as saying: *“It is an honor for our team to salute the countless Californians who have committed to keeping the communities safe during this difficult time in our nation. We hope to give onlookers a touching display of American resolve that honors those serving on the frontline of our fight against COVID-19.”* Please see the **attached** flight path.

RISK LEVEL

We remain at **Risk Level 3**. However, we are planning a move to **Risk Level 4** by Monday. We fielded a few questions as to why now? The move is purely motivated by an expected change in our screening procedures from **self-attestation** to having **assigned staff** to screen staff and providers. No other changes with regards to designated well or sick clinics will be made. We have done enough already with our hybrid approach such that further change is not required. As the number of COVID cases rise in San Diego, the potential for a staff member or provider unknowingly bringing in COVID-19 to their site has also risen. We have had several near misses and it is time to ensure that we are providing the best possible protection to co-workers and patients. As mentioned yesterday, a stand-alone email on the topic with more details will be forthcoming tomorrow.

- Access:
 - All sites remain open and all sites continue to see well and sick visits in a modified format.
- Self-monitoring: For fever twice daily for all staff and providers.
- Incident Command:
 - No New Updates

CASES

CPCMG/RCPMS:

- Staff/Providers:
 - No positive provider cases (0 cases total to date)
 - No new positive staff cases (3 total to date-none of which have been proven to be healthcare acquired)
 - All staff/provider members tested with regards to the recent positive staff member tested negative.
- Patients (0 new cases-18 total positive cases):

Riverside County:

- Tuesday Evening 5/12: 3.4% increase-5,248 positive cases with 4.9% of the TOTAL cases being in children 0-17 y/o
- Wed Evening 5/13: 1.8% increase-5,343 positive cases with 5.1% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 5/14: 1.8% increase-5,440 positive cases with 5.1% of the TOTAL cases being in children 0-17 y/o

San Diego County:

- Tuesday Evening 5/12: 1.9% increase-5,161 positive cases with 4.4% of the TOTAL cases being in children 0-19 y/o
- Wed Evening 5/13: 2.2% increase-5,278 positive cases with 4.4% of the TOTAL cases being in children 0-19 y/o
- Thursday Evening 5/14: 2.1% increase-5,391 positive cases with 4.5% of the TOTAL cases being in children 0-19 y/o

Statewide:

- Tuesday Evening 5/12: 2.1% increase-69,382 positive cases with 3.7% of the TOTAL cases being in children 0-17 y/o
- Wed Evening 5/13: 2.5% increase-71,141 positive cases with 3.8% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 5/13: 2.8% increase-73,164 positive cases with 3.8% of the TOTAL cases being in children 0-17 y/o

TESTING CRITERIA (repeated for reinforcement)

Clinicians should use their judgment to determine if the patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.

More important than testing is the message that if a patient has mild symptoms, is to self-isolate.

San Diego Public Health is following a broader version of the California Department of Public Health (CDPH) guidelines for testing priority. Priority levels 1 & 2 should be our top focus. **With expanded capacity at Radys, testing of Priority 4 symptomatic patients without associated concerns can be considered (having family members who are essential workers, close contacts of PUI's, etc).**

Priority 1

- Symptomatic* Healthcare workers
- Persons identified for testing by Public Health (i.e. residents/staff of homeless shelters, etc.)

Priority 2

- Symptomatic* people having underlying conditions/risk factors
- Asymptomatic healthcare workers (particularly those in nursing facilities or hospital workers)

- Symptomatic* persons in essential health (not identified in Priority 1) and first responders
- Screening of vulnerable populations not identified above (symptomatic* and asymptomatic)
 - HIV/AIDS, homeless, those in rural areas, racial/ethnic groups, Native Americans, older adults
- **Symptomatic* children being direct cared for by an older caregiver or caregiver with underlying conditions [Note: CDPH nor SDPH does not specifically identify this group but we feel that this falls into Priority 2 instead of Priority 4].**

Priority 3

- Symptomatic* essential workers

Priority 4

- **Symptomatic* patients/people who are low-risk**
- Surveillance testing of asymptomatic persons

**Symptoms= fever, cough, sore throat, nausea, vomiting, diarrhea, muscle aches, fatigue, new loss of taste or smell. In addition to these symptoms, the CDC has recently added chills, repeated shaking with chills, and headache to their list. Note that elderly people (and children) might not develop fever.*

PEDIATRIC MULTISYSTEM INFLAMMATORY SYNDROME (PMIS) / (MIS-C) UPDATE

The CDC has decided to relabel PMIS to the following: Multisystem Inflammatory Syndrome in Children or MIS-C. They have published a case definition, which more or less follows the Royal College case definition that I highlighted on Tuesday. The revised case definition noted in the health advisory is as follows:

- An individual under 21 years presenting with fever, laboratory evidence of inflammation and evidence of clinically severe illness requiring hospitalization with multisystem (≥ 2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); **AND**
- No alternative plausible diagnoses; **AND**
- Positive for current or recent SARS-CoV-2 infection by reverse-transcriptase polymerase chain reaction, serology or antigen test; or COVID-19 exposure within the four weeks prior to the onset of symptoms.

The CDC noted the fever should be at least 38 degrees Celsius for ≥ 24 hours or a subjective fever lasting ≥ 24 hours. Evidence of inflammation could include, but is not limited to an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase, or interleukin 6, elevated neutrophils, reduced lymphocytes and low albumin.

Suspected cases should be reported to our respective public health departments even if the patient also fulfills all or part of the criteria for Kawasaki Disease (KD). As such, any potential KD or MIS-C cases should be discussed first with the Radys KD team led by Dr. Burns.

- To date, there are now over 100 cases that have presented in New York State. Despite the uptick in York, MIS-C still appears to be rare worldwide.
- Most COVID-19 cases in children continue to remain asymptomatic or mild.
- There has been very little significant pediatric COVID-19 disease in San Diego. To date, the few Pediatric hospitalizations have been mild.
- On the flip side, I learned today that just across the border in TJ, there have been 4 sick children in the past 2 weeks from 11 m/o to 15 y/o presenting with pancytopenia, pneumonia and fevers with all four being critically ill. Three of the four tested COVID-19 PCR positive (it is unclear if the 4th was IgG antibody tested). Sadly, three of the children passed away. It appears that the children had a hyperinflammatory picture, but information is not clear at this point whether they meet the MIS-C criteria or if there were other factors involved.

INFECTION PREVENTION & CONTROL-Contact & Droplet Precautions

- N95 Mask Reuse Storage Idea: This is a refresh of a paragraph written in the April 15th COVID update. We have distributed the Ziploc storage containers and we encourage you to watch the YouTube video with Minnesota RN, Jason Rozinka so that you put on and take off your mask “touch free.” The storage container can be easily wiped down and reused costs less than \$1. <https://www.youtube.com/watch?v=qEZxnI8-zXs>
- Back to the Basics: What if we are exposed to an asymptomatic patient or staff member?

Everyone is BEST PROTECTED against silent spreading when the following is in place:

- Universal masking or face coverings of BOTH staff and patients
- Maintain social distancing from staff and patients when possible (this includes the break room). Please note that COVID-19 does not take a lunch break when the rest of us do!
- Use standard precautions including:
 - Frequent Hand Washing
 - Wiping down frequently used and/or high touch surfaces
 - Using appropriate PPE for the specific patient interaction
 - Avoid touching your eyes, nose or mouth with unwashed hands

CMIO REPORT (from the desk of Dr. Michael Jacobson)

Knowledge Base

Please visit the [CPCMG Knowledge Base](#) for all sign-ups, knowledge articles, and tip sheets.

As a daily reminder to all staff and providers, if you have a fever (Temp ≥ 100.0), please do not come to work! If you are not feeling quite right, it is best to stay home. Besides taking care of yourselves, we need to keep co-workers and patients healthy.

Thanks,

-KM

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Chief Medical Officer

