



March 19, 2020

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

Greetings Everyone:

These are nightly updates for all CPCMGM and RCPMS staff. Other valued community members are included for the sake of collaboration.

It has been hard to find any nuggets of good out of this situation, but I must say that the commutes to/from work have mirrored those during the winter holiday break!

Last night, I mentioned the need for positive energy from providers and staff. Let's remember to take a deep breath when we start the day. To quote FDR, *the only thing we have to fear, is fear itself. Our nation will endure as it has endured and we will revive.*

For the providers on this list serve, we have taken a Hippocratic oath. I am snipping the following: *"I will protect the environment which sustains us, in the knowledge that the continuing health of ourselves and our societies is dependent on a healthy planet."* Let's band together. If patients need to be seen, we need to see them and overcome our fears.

From our American Academy of Pediatrics President, Sally Goza, MD, MPH: *"We need to Support pediatricians' ability to care for children **whether they are sick or well.** That includes vaccines for preventable infectious diseases, so we don't have outbreaks of other illnesses."* This is aligned with our continued efforts to take care of sick and well children.

RISK LEVEL

We remain at **Risk Level 3**. All sites remain open and all sites continue to see well and sick visits albeit at vastly reduced volumes.

- Self-monitoring for fever twice daily for all staff and providers. We have had two staff member go home as a result of the monitoring process. We are finalizing a corporate account at Quest so that we can facilitate easy testing of our own staff or providers should they get sick.
- In partnership with Rady Children's, beginning as early as tomorrow, we will be screening all patients accessing the Frost Street building. This will include specialist patients, CPCMGM patients and UCSD patients (UCSD and CPCMGM share the same support

staff). The Radys team is familiar with our screening guidelines and we will work with them to make sure that patients are shunted appropriately.

- Radys will be temporarily screening all of their employees before entering the building. We have asked them to not temp screen our employees at this time and will continue the monitoring process that we have in place at all sites.
- Radys will be working with us on a similar process at our co-habitated Sanford, Citracado and Murrieta sites soon to come.

CASES

Statewide: There are 598 positive cases with 13 of the cases being in children 0-17 y/o.

Riverside County: There remains 2 known positive cases in Western Riverside County where our clinics are located. Yesterday evening, it was announced that all schools will be closed through 4/30/20.

San Diego County: The number of cases has jumped to 80 positives as of this afternoon. There are still NO confirmed pediatric cases to date in San Diego. The majority of those people tested who have been deemed to be “at risk” have tested negative to date. We began sending samples to Quest beginning last Friday and we received 5 results on Monday with all results negative to date.

LEGAL EAGLE (From our Legal & HR Team)

- As you know, a strong recommendation has been made that all person 65 years old and older, have a chronic underlying condition, or have a compromised immune system, please reach out to HR by Friday at Noon so that we are best positioned to offer the most appropriate accommodation choices. If you have already reached out to me, I have forwarded on your notice to HR.
- **Work Letter Requests & FMLA:** We know that many of you are receiving an increased number of requests for various excuse letters and the completion of Family Medical Leave (FML) forms. We believe that many of these are unnecessary based on the County of San Diego Health and Human Services “Amended Order of the Health Officer and Emergency Regulations” (attached). One of the provisions in the Order is: “*All businesses shall suspend any policy or procedure requiring doctor verification for sick or other leave approval.*” Therefore, we recommend that the parent provide a copy of this Order to their employer as the first step. In addition, FML requires there to be a “serious medical condition”, so requesting an FML form to be completed for child care of a healthy child would not be appropriate (e.g., due to school closure).

TESTING & TESTING LOCATIONS

No change in CDC testing recommendations. *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.*

From the CDC: **Note: In addition to cough and shortness of breath, nonspecific symptoms such as sore throat, myalgia, fatigue, nausea, and diarrhea have been noted as initial symptoms in some cases of COVID-19. For this reason, a lower temperature of a 100.0° F and the inclusion of mild and nonspecific symptoms should be used by*

healthcare settings evaluating these patients to increase the ability to detect even mild cases of COVID-19. This is a challenge to us as these symptoms could represent any number of alternative diagnoses. Because of the extremely limited testing resources (places to test and viral media to test with), I believe that we should still be using fever and cough or SOB as our main qualifiers for testing unless you have a special scenario with a high risk patient.

- If a patient is asymptomatic, regardless of possible exposure sources, there is absolutely no indication for testing.
- We should be having a higher index of suspicion for those with direct contact with a known case and having symptoms.
- We are having significant struggles getting public health to answer consultations in a timely manner and when we have gotten through they have sometimes advised testing, because a patient is high risk and to send the lab to Quest. This begs the question whether we should just send samples directly to Quest or LabCorp for patients that we believe are at risk and meet testing criteria
- Viral Testing Media: There is a significant challenge getting adequate viral transport media from the hospital and our reference laboratories. I was able to reach out to a wrap from LabCorp today who will be supplying some transport media to our Riverside sites. We may need to be more judicious in our use of respiratory panel ordering given that they use the same media.
- Testing Locations: Jason Decker put together the very limited community sites offering testing. Patients should be advised to call and get authorization and/or an appointment if available. See the attached document. We will update it when more information becomes available and hope that our public health friends can contribute to this as well.

INFECTION CONTROL

- Exam Room Closures: This question has been raised many times. Again, we have been advised to use standard, contact, **droplet precautions**. With a typical droplet precaution infection, we would wipe down the room and make it available for use thereafter. Unfortunately, the only literature available for COVID-19 is for hospital rooms. Out of an abundance of caution, we are going to advise closing down the rooms of a strongly suspected COVID-19 patient for a period of 1 hour (this would be a standard recommendation for an aerosol based infection). The room can then be wiped down and used again. If we receive updated information from our local public health folks, we will share that accordingly.
- Persons Being Tested: I have fielded a large number of calls regarding patients or staff who were exposed to a person being tested. In some cases, out of caution, we have advised support staff/providers to wear a mask pending results of the staff member. Let's remain rational, there is no need to close down a clinic, because a person is being tested.
- Mask Guidance: The CDC came out with new guidance which supports our mask policy that we sent out last night. We are currently in a contingency capacity strategy. Should conditions deteriorate where masks become scarce, we will need to change to a crisis capacity strategy which would entail no longer giving masks to sick patients and preserving them for health care workers. We are not there yet, but we will continue to monitor. See the following CDC website for full details.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#crisis-capacity>

- **Mask Sources:** We have had an extremely hard time getting masks through our vendors. CPMG sent out the County email today (via Dr. Tuteur) on how to access the State's Emergency stockpile of PPE. Please go to MOC.LOGS.HHSA@sdcountry.ca.gov for requests.
- **Nebulizers vs Albuterol/Spacers:**
 - We were able to put in an order for some inhalers and aerochambers & spacers late last night. Hopefully, we will receive the order and then distribute to the group accordingly.

PREGNANCY

We have several staff and providers who are pregnant and there is some general angst on the topic as you can imagine. Scripps' Medical Director, Dr. Garg sent out the following to their constituents that I will share: *There have been a great deal of questions regarding COVID-19 and its risks for pregnancy. The short answer from the CDC at this time is that "we don't know". However, based on the limited information that we have so far, COVID-19 does not seem to cause complications in pregnancy beyond other traditional cases of influenza or pneumonia. The advice for now is to use the same precautions for COVID-19 that we use for other respiratory illnesses such as seasonal influenza. From the initial data and studies that have been released, there are no cases of vertical transmission, and no evidence of the virus in amniotic fluid or breastmilk. There were some media reports of a vertical transmission case in the UK last week, but it was never actually validated. Attached below is the link to the CDC page containing the latest official pregnancy guidelines which is a helpful resource for sharing with patients.*

https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpregnancy-faq.html

SCHOOLS

Today's most significant challenge was when an email was sent to all parents of La Jolla High, Bird Rock Elementary and La Jolla Elementary that their child may have been exposed to a COVID-19 positive staff member. The initial letter sent was not clear to some of us that public health would not be reaching out to parents directly regarding a presumed direct contact with select students at all 3 schools. We have since learned, that all students are now considered to be direct contacts. I apologize if I steered anyone wrong with initial direction this morning.

Unfortunately, we were besieged by phone calls this morning regarding the initial email. Most were from parents requesting testing of their asymptomatic children. To reaffirm as noted above, there is no indication to test asymptomatic children. However, if a child develops a fever and cough and attends 1 of the schools, this would be an indication for testing. Several others, reported coughs of a few days, but no fever and demanding testing. If we test everyone with this scenario, we will be testing nobody because we will be out of testing media. Please use your best judgment on whom to test. I have dialogued with our trusted colleague, Dr. Taras, Medical Director of SDUSD regarding tweaking the letter language and hopefully getting a heads up so that we are better prepared.

The following section is submitted by Dr. Michael Jacobson, CMIO

Children's Primary Virtual Care (CPVC)

Every major governmental and private healthcare organization and medical board continues to emphasize the importance of telehealth in combating the novel coronavirus. When utilized by seasoned physicians and mid-level practitioners, this is a safe and effective way to treat many minor medical problems outside of physical clinics. In addition, patients truly appreciate the service.

Whenever a Video Visit provider has any concern that a patient needs hands-on evaluation or a higher level of care, a provider-to-provider call must occur with the receiving CPCM office or outside facility, to coordinate care. Additionally, please complete your visit note so the receiving facility has information and your decision-making comments, just as you would when sending a patient from an office to an emergency department.

We are working as quickly as possible to get all interested providers onboarded, and are balancing the process with other important COVID-19-related IT initiatives. Unfortunately, this is not a process that we are comfortable allowing already-onboarded providers to conduct (ie. "Watch one, teach one"), as some of you have asked. I apologize for not responding to individual emails requesting this. Additional onboarding slots will be posted on the SignUp Genius later tonight.

COVID-19 Lab Orders

We are aware of the limitations of the resulting agency selection for Quest labs and are collaborating with RCHSD on a solution. In the meantime, **for our Riverside county locations, if you want to send a specimen directly to Quest Diagnostics, you must fill out a Quest-provided triplicate requisition form.** Please ALSO use the "Quest" order in the Epic SmartSet for tracking purposes. We hope to have an Epic solution in the next few days. All San Diego county clinics that have courier service to Rady lab must use "Rady" as the resulting agency for specimens ordered for Quest. Rady lab will process and courier the specimens to Quest.

FAQs

Responses to your questions are posted to the FAQ pages on the Knowledge Base. In an effort to make it easier to find responses to newer questions, we are starting to post these based on date, rather than category. Later tonight, I will post responses to most questions that were submitted prior to 7:00 am today. Just search "FAQ".

Visit Documentation

As Dr. Morris previously mentioned, it's important for us to document patient contacts with COVID-19, along with any extended use of public transportation. There is now a system SmartPhrase that is recommended to use at every visit.

.ezCovidExposure populates the following:

In the past 14 days:

1. Have you been in direct contact with anyone diagnosed with COVID-19? ***

2. Have you been in direct contact with anyone suspected to have COVID-19? ***
3. Have you travelled using any public transportation (ie. plane, train, bus) for 2 or more consecutive hours? ***

This text is now included in the Video Visit note (.ezVVnote) but the above SmartPhrase should be used for all other visits.

As a daily reminder to all staff and providers, if you have a fever (Temp \geq 100.0), please do not come to work. Besides taking care of yourself, we need to keep co-workers and patients healthy.

Thanks,

-KM

Kenneth H. Morris, MD, FAAP
Chief Medical Officer