

April 3, 2020

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

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

Date: April 2, 2020 at 7:06:41 PM PDT

Subject: CPCMGR/CPMS COVID-19 NIGHTLY UPDATE 4/2/2020

Good Evening:

These are nightly updates for all CPCMGR and CPMS staff. Other valued community members which includes all CPMG affiliates and Radys Executives, as asked, have been included for the sake of collaboration.

Just the facts tonight. No editorializing.

RISK LEVEL

We remain at **Risk Level 3.**

- 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 changes.

CASES

CPCMGR:

- No positive cases for staff/providers that have been tested.
- No new positive patient cases.

Riverside County: As of this evening, there are 493 total cases (13.0% increase from yesterday, which is down from the previous 13.5% increase). There are a 3 cases in children 5-17 y/o.

San Diego County: As of this evening, the number of cases is now 966 (12% increase from yesterday, which is down from the previous 13.5% increase). There are currently 9 confirmed cases in the 10-19 y/o age range and 8 cases in the 0-9 y/o age range. The pediatric case detection rate is 1.8% of the total number of cases (this includes patients through 19 y/o).

Statewide: As of today, there are 9191 positive cases (11% increase from yesterday, which is down from the previous 15% increase) with 1.1% of the TOTAL cases being in children 0-17 y/o.

MEDICAL BOARD OF CA

The Medical Board of California has been made aware of prescribers wrongfully hoarding and/or prescribing for themselves and/or family members certain medications referenced in the media that may have efficacy for the treatment of COVID-19. They have issued a statement to remind healthcare professionals that *inappropriately prescribing or dispensing medications constitutes unprofessional conduct in California. Prescribers and pharmacists are obligated to follow the law, standard of care, and professional codes of ethics in serving their patients and Public Health.*

SCHOOLS

Riverside has closed all on campus learning at schools through June 19th. They will be maintaining distance learning.

SAN DIEGO/RIVERSIDE RESERVE CORPS VS CA HEALTH CORPS

Discussed at the San Diego County Medical Society Town Hall Meeting tonight, it was pointed out that both of the local options are voluntary and you have autonomy to serve if and when you can work. The CA Health Corps in Dr. Nick's words has nothing to preclude you from being recalled elsewhere although it may come with a financial stipend. The message was made that the choice at the State vs Regional level is that of the provider volunteer, but I think that there was a suggestion that we should try to keep our health resources local.

TESTING & TESTING LOCATIONS (repeated to drive the point home)

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.

Testing of patients should be reserved for those that are symptomatic and for which management will change. The following are groups for testing consideration:

- Healthcare workers
 - Please note that this does not include testing of symptomatic children or family members of healthcare workers except for unusual scenarios.
- Parents with direct care of an elderly person or other patients/persons at significant risk* (testing to be done by their PCP's direction)
- A symptomatic child with significant risk factors

*Significant Risk (per the CDC):

- ≥ 65 y/o
- Underlying medical conditions, particularly if not well controlled:
 - Chronic Lung Disease or **Moderate to Severe Asthma**, Smoking, Vaping
 - **Serious Heart Conditions**
 - Severe Obesity
 - Diabetes
 - Immunocompromised
 - Chronic Kidney Disease with Dialysis
 - Liver Disease

Please note: we have had tons of parents whose kids have controlled IM asthma or heart murmurs who are trying to use those conditions as reasons to qualify for FMLA. Neither should qualify for FMLA or for reasons to have symptomatic children tested.

Testing Locations/Testing Supplies:

- Patients: Radys has limited in house COVID-19 testing available which is expected to expand over the next 2 weeks. Because of the limited resources, if you have a specific patient case where management might change, you must contact infection control at 858-966-8665 extension 228665. Hours are 7 a.m. to 4:30 p.m., after hours it, a voicemail must be left. As an example, we recently had a case of a child that had a foreign body in their nose and ENT did not want a risk doing a suctioning procedure until it was verified that the patient was COVID-19 negative. The patient testing was authorized, directed to the laboratory, testing was done within 2 hours and the child was cleared with the foreign body ultimately removed.
- Staff: In the event that a front-line staff member or provider becomes sick, please have your site supervisor contact our quality team to determine if COVID-19 testing will be required.

INFECTION PREVENTION & CONTROL-Contact & Droplet Precautions

- Chambers/Spacers: We were informed that most of the chambers/spacers that we ordered for sites have arrived.
- Exam Room Cleaning Guidelines: We are updating our contagious disease management policy with new COVID-19 guidelines. The following are some general room cleaning guidelines:
 - Possible COVID-19 case: No change in room cleaning process
 - Chicken Pox: 1 hour room closure
 - Measles: 2 hour room closure
 - Possible COVID-19 case with Aerosol Generating Procedure (suctioning or nebulizer) 3 hours room closure

- Face Coverings & The General Public:
Partially matching Riverside County Public Health's recommendations from yesterday, San Diego Public Health issued a recommendation that all essential workers dealing with the public (pharmacies, supermarkets, convenience stores and gas stations) will need to wear a face covering (bandana, scarves, turtle necks, neck gaiter, cloth mask, etc.) effective midnight this Saturday. Residents were also strongly encouraged to cover their nose and mouth when leaving home for essential activities.
- COVID-19 Transmission (from Dr. Bradley & Pong's weekly update):
 - The Risk of Transmission from Asymptomatic Individuals?
 - Unclear if this is from droplet vs. fomite transmission (or a bad/limited medical history!)
 - PCR is extremely sensitive (can be detected with just a few viral copies)
 - If you are not symptomatic, you are likely not projecting/"spewing" droplets to others close to you (could theoretically spread to intimate contacts)

Why it's Important to Stop Touching Your Face – And Why it's So Hard to Stop (borrowed from our friends at Scripps)

Health officials around the globe are advising people to wash their hands and to keep their hands away from their face. An article in the New York Times, recently summarized by The Advisory Board, explains why that's a difficult habit to kick.

According to the Times, humans have little or no awareness of the habit, often developed as a way to relieve stress and contain emotions. Where do we touch? The "T-zone" is the most common place – the eyes, nose and mouth, which serve as entry points for germs and, yes, viruses. How often do we touch? A 2015 study of medical students found that during a lecture they touched their faces an average 23 times an hour. And nearly 50% of the touches went to the T-zone. Other studies show similar results.

So, is it really that important? Health experts say yes. "By touching your mucous membranes, you're giving a virus 11 opportunities every hour if you've touched something infectious," says Mary-Louise McLaws, author of the medical student study. Scientists don't yet know for sure how long COVID-19 survives on surfaces, but indications are that it's longer than the flu, which can survive up to 24 hours, said the Times.

Hand washing and hand sanitizer can reduce the risk of passing a virus from hands to face, but because you're not usually doing that after every interaction with an object or surface, it's best to focus on your hands and what you're doing and try to break the habit.

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

VIDEO VISITS LOGISTICS

- A recent iOS MyChart update caused some connectivity issues during Video Visits today. The problem was fixed, but may take a day or two for patients to get the most updated version of MyChart on their phone. Therefore, when conducting a Video Visit in the next few days, if a patient doesn't connect by 5 minutes after the scheduled visit time, please call them and conduct a telephone encounter.
- If a wrong sibling is scheduled for a visit, continue the video session with the correct sibling/patient. Then ask staff (Mark for CPVC or site staff for PCP Video Visits) to create an encounter for the correct child. Document in the correct chart and no-charge the incorrect sibling.
- If two siblings are intentionally scheduled for Video Visits, the provider should stay on Zoom from the first to complete a history and exam for both children. Then, ask an RCPMS staff member to "arrive" the second sibling's encounter so you can appropriately document and bill for both children.
- During a Video Visit session, if you run into an IT problem, please reach out to the RCPMS IT help desk. Also, periodically check your RCHSD email for messages regarding unexpected down times.

LABS AND RADIOLOGY ORDERS DURING VIDEO VISITS

As with in-office orders, all radiology and lab orders placed by a Video Visit provider is that provider's responsibility to relay to a family. In the short-term, since our CPCMG Telehealth department isn't based at a clinical site, when you see patients via Video Visit during a CPVC session any labs or radiology orders you place will have requisitions with our Euclid site's address, phone and fax numbers. Critical results (ie. critical bilirubin, positive 2019-nCoV results, etc.) will be called to that location and relayed to the doctor on-call.

Dr. Abell and the Euclid team have graciously accepted our request to take these calls until we have a permanent phone number that has nighttime coverage for our Telehealth department (approximately 2-4 weeks). During the night, they will contact the ordering provider for positive labs that truly require immediate action (ie. bilirubin = 22), and the ordering provider will be responsible to assume care of the patient. All other results that don't require immediate action (including positive 2019-nCoV results) will be relayed to the ordering provider between 6-7 am the following morning, so that provider can contact the family and review the results and plan. Remember, these results aren't released to MyChart until 10 am. The Euclid doctors have a list of all providers' cell numbers and will only use these for the above purposes.

PCP VIDEO VISITS

Thanks to incredible teamwork by RCPMS and the doctors/NPs at Encinitas, Regents, and Sanford, the PCP Video Visit pilot is the shortest-ever pilot project in CPCMG history. We are expanding this program by region, and will go-live at the rest of our North coastal sites by early next week and at our South Bay sites by the end of next week. We are extremely fortunate to have Beth Warren assigned as the project manager for this expansion.

We anticipate the remainder of CPCMG locations will go-live with this program in the next few weeks!

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! Besides taking care of yourselves, we need to keep co-workers and patients healthy.

Thanks,

-KM

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