

HHP/HPH COVID-19 Updates Webinar Series

Monday, April 6, 2020

5:00 – 6:30pm

Disclaimer:

- The following is intended as information resource only for HHP/HPH providers, clinicians, administrative and clinical leaders.
- Specific areas may not pertain directly to your clinical practice area and/or may not be applicable to your practice based on your existing workflows, infrastructure, software (e.g. EHR), and communications processes.

How to Claim CME Credit

Confirm your attendance:

1. Tell us you're here:
 - Type your full name (e.g. Dr. Jane Lee) into the chat room
2. Email Info@hawaiihealthpartners.org
 - Let us know you attended by Tuesday, April 7th

Respond to email from CME team:

1. CME team will email you with further instructions.
 - Complete evaluation survey within one week of tonight's webinar

COVID-19 & HPH Clinic Updates

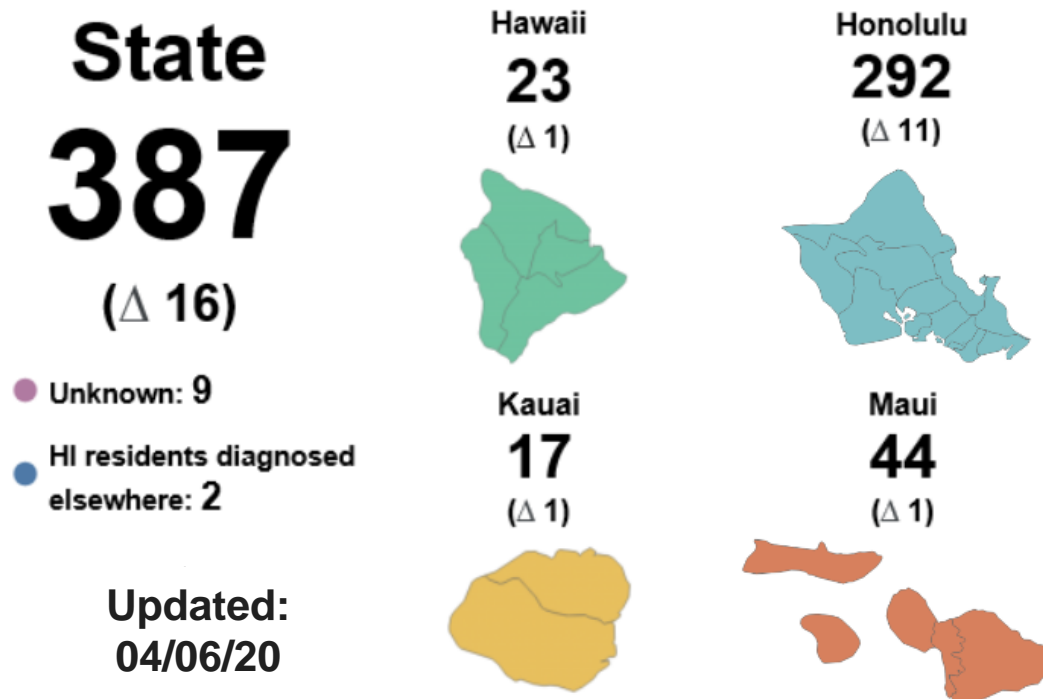
Gerard Livaudais, MD, MPH

Executive Vice President
Population Health and Provider Networks
Hawai'i Pacific Health

Hawai'i Data Collaborative Data as of 04/06/20

Total Cumulative Cases in Hawaii ⓘ

(Values in parentheses refer to change from yesterday)



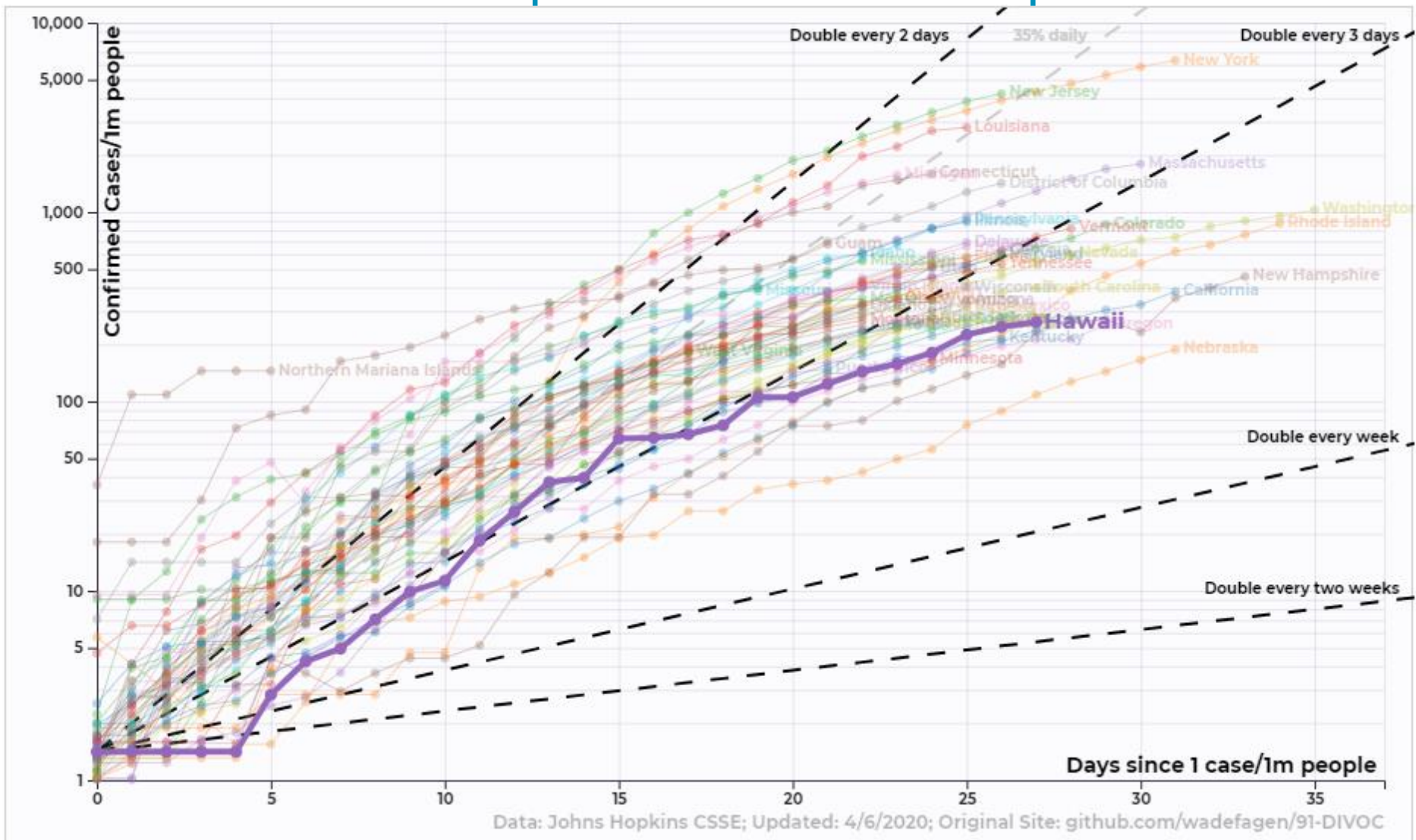
<https://www.hawaiidata.org/covid19>

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Confirmed Cases per One Million People – Hawai'i



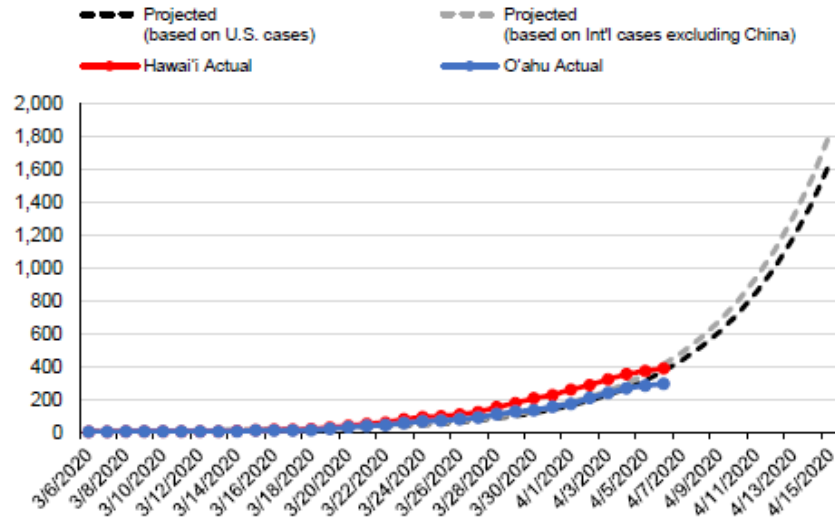
<https://www.hawaiiidata.org/covid19>

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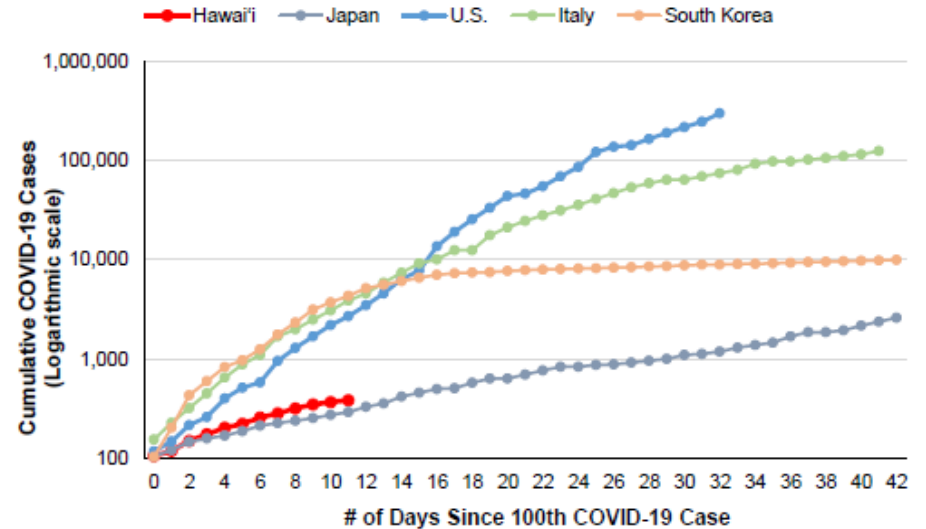
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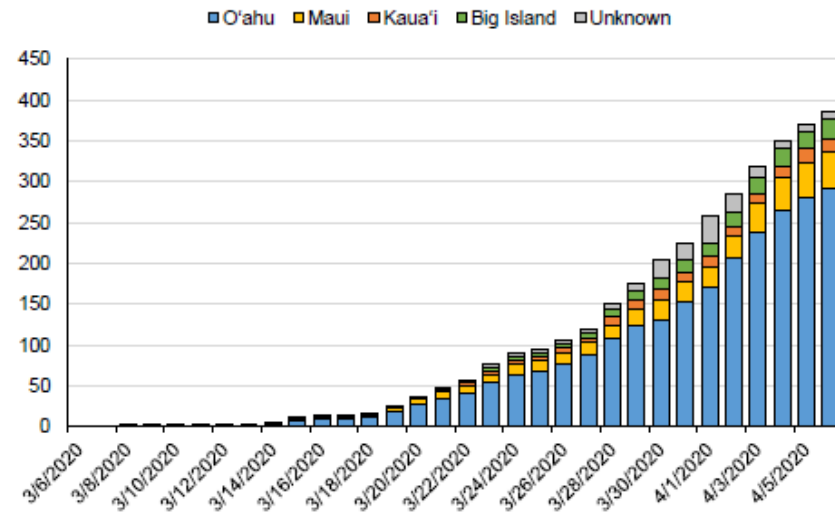
Projected and Actual COVID-19 Cases in Hawaii



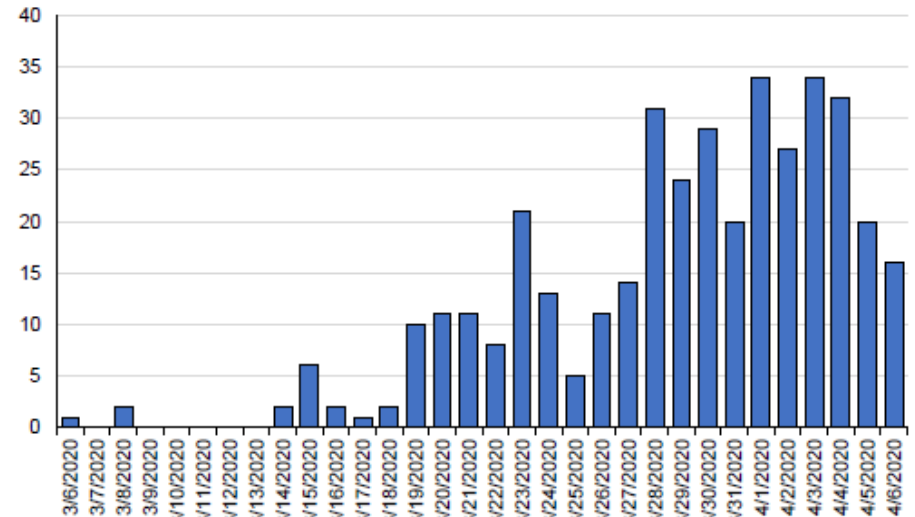
COVID-19 Cases by Number of Days Since 100th Case



Hawaii COVID-19 Cases by Island



Hawaii COVID-19 New Cases by Day



Source: HPH Business Analytics 04/06/2020

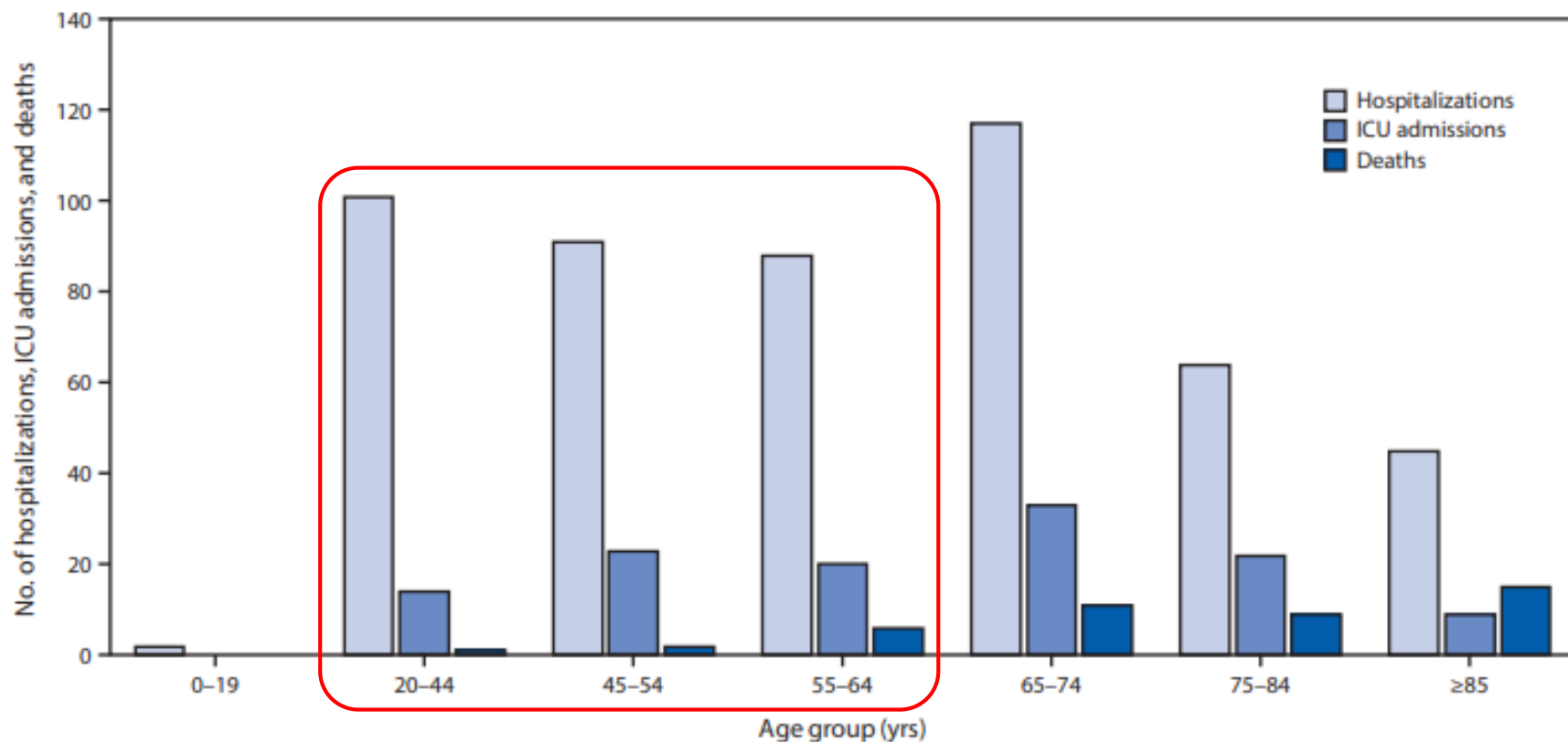
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COVID-19 Summary (SARS-CoV-2)

- 14 day incubation
 - 98% symptomatic within 12 days of infection
- Asymptomatic/Pre-symptomatic infection
 - Adults: 25% (Diamond Princess) to 50% (Vo', Italy, SNF)
 - Children: ~13% in children (China)
- Symptoms
 - Fever, Cough, Fatigue, Anorexia, Shortness of Breath
- Transmission
 - Asymptomatic/pre-symptomatic transmission confirmed
 - Clear droplet transmission
 - Virus found in extra pulmonary secretions
 - Viral load highest at symptom onset
 - Virus can still be present 20+ days post sx onset
- Course
 - 80% mild
 - 19% hospitalized
 - 6% ICU
 - ARDS in 3% to 17% in days 8 to 12 after symptom onset
 - Critically Ill have a ~50% mortality rate

US Outcomes through March 16, 2020

FIGURE 2. COVID-19 hospitalizations,* intensive care unit (ICU) admissions,[†] and deaths,[§] by age group — United States, February 12–March 16, 2020



* Hospitalization status missing or unknown for 1,514 cases.

[†] ICU status missing or unknown for 2,253 cases.

[§] Illness outcome or death missing or unknown for 2,001 cases.

Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020. MMWR Morb Mortal Wkly Rep 2020;69:343-346.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6912e2>

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Case Fatality Rates

Country	Cases	Deaths	Fatality rate
Italy	132,547	16,523	12.47%
Spain	135,032	13,169	9.75%
United States	350,226	7000	2.6%
South Korea	10,284	186	1.81%
Germany	101,178	1612	1.59%
Taiwan	375	5	1.34%
Singapore	1375	6	0.44%
Hong Kong	915	4	0.44%

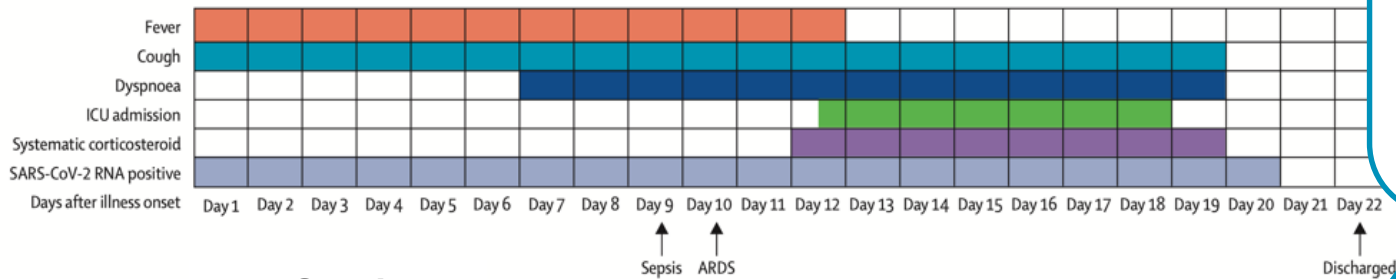
TABLE. Hospitalization, intensive care unit (ICU) admission, and case-fatality percentages for reported COVID-19 cases, by age group — United States, February 12–March 16, 2020

Age group (yrs) (no. of cases)	%*		
	Hospitalization	ICU admission	Case-fatality
0–19 (123)	1.6–2.5	0	0
20–44 (705)	14.3–20.8	2.0–4.2	0.1–0.2
45–54 (429)	21.2–28.3	5.4–10.4	0.5–0.8
55–64 (429)	20.5–30.1	4.7–11.2	1.4–2.6
65–74 (409)	28.6–43.5	8.1–18.8	2.7–4.9
75–84 (210)	30.5–58.7	10.5–31.0	4.3–10.5
≥85 (144)	31.3–70.3	6.3–29.0	10.4–27.3
Total (2,449)	20.7–31.4	4.9–11.5	1.8–3.4

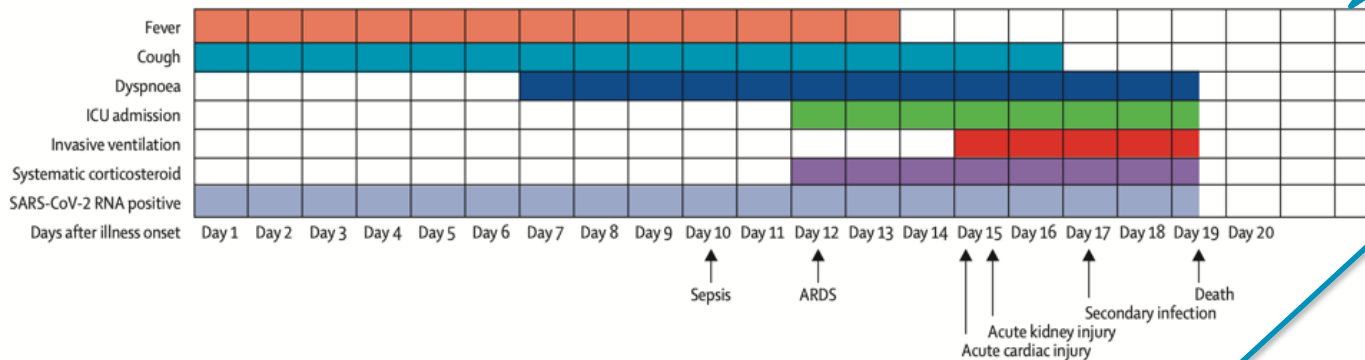
* Lower bound of range = number of persons hospitalized, admitted to ICU, or who died among total in age group; upper bound of range = number of persons hospitalized, admitted to ICU, or who died among total in age group with known hospitalization status, ICU admission status, or death.

COVID-19 Clinical Progression

Survivors



Non-Survivors



Risk Factors

- Age
- CVD
- DM
- Resp Disease
- Htn
- Cancer

COVID-19
Monitoring
Program

COVID-19 Advance Care Planning

- Conversation script examples
 - High risk, at risk patients
 - Healthier patients
- Smart Phrase
 - .COVID19ACPDOCUMENTATION
 - Add Order to update Code status: Full Code or DNAR
- Back up
 - Contact Winnie Suen or Susan Price by email or inbasket message
- See COVID Resources on HHP & HPH web pages

DNAR

Browse

Preference List

Facility List

Database

Panels

(No results found)

Medications

(No results found)

Procedures

Code	Name	Type	Summary	Cost to Org
<div><div></div></div> 404105	DNAR/+ETT - NO CHEST COMPRESSIONS / MAY INTUBATE / FULL TREATMENT	Code Status		
<div><div></div></div> 404106	DNAR/DNI - NO CHEST COMPRESSIONS / DO NOT INTUBATE / SELECTIVE TREATMENT	Code Status		
<div><div></div></div> 404107	COMFORT CARE - NO CHEST COMPRESSIONS / DO NOT INTUBATE / COMFORT MEASURES ONLY (aka DNAR)	Code Status		

Physician Work Groups

- **Bioethics:**
 - Dylan Bothamley, MD
 - Sid Johnson, MD
 - Rod Williams, MD
- **HPH Medical Group Physician Staffing:**
 - Amy Corliss, MD
 - Les Chun, MD
 - Jennifer Jones
- **COVID-19 Treatment:**
 - Doug Kwock, MD
 - Jen Dacumos, PharmD
 - **Infectious Diseases Sub-Group**
- **Hospital Care**
 - Steve Situ, MD
 - Sid Johnson, MD
- **ICU Workgroup:**
 - Emilio Ganitano, MD
 - Jason Pauls, RN, MSN

Elective Surgery Acuity Scale (ESAS)

Reprinted with permission: Sameer Siddiqui MD, FACS, St Louis University



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes

Tiers/Description	Definition	Locations	Examples	Action
Tier 1a	Low acuity surgery/healthy patient Outpatient surgery Not life threatening illness	HOPD ASC Hospital with low/no COVID- 9 census	Carpal tunnel release Penile prosthesis EGD Colonoscopy	Postpone surgery or perform at ASC
Tier 1b	Low acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery or perform at ASC
Tier 2a	Intermediate acuity surgery/healthy patient Not life threatening but potential for future morbidity and mortality. Requires in hospital stay	HOPD ASC Hospital with low/no COVID-19 census	Low risk cancer Non urgent spine Ureteral colic	Postpone surgery if possible or consider ASC
Tier 2b	Intermediate acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery if possible or consider ASC
Tier 3a	High acuity surgery/healthy patient	Hospital	Most cancers Highly symptomatic patients	Do not postpone
Tier 3b	High acuity surgery/unhealthy patient	Hospital		Do not postpone

HOPD – Hospital Outpatient Department

ASC – Ambulatory Surgery Center

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Personal Protective Equipment Conservation

PPE for Employees with Patient Interaction (No Direct Patient Care): Ward Clerks, PSRs, Maintenance, Child Life, Chaplain, Food Delivery, Cafeteria Staff, etc.



Mask over nose and mouth

Add face shield or eye protection if you will be touching the patient or will be within 6 feet for more than 10 minutes.

Face shields/goggles will be wiped clean for re-use. They will not be UV sanitized.

N-95 and surgical/procedure masks will be UV sanitized:

- N-95 masks retain filter properties through 5 UV treatments (6 uses).
- Surgical/procedure masks retain properties through 3 UV treatments (4 uses).

PPE for DIRECT PATIENT CAREGIVERS for ED and Hospitalized Patients: MD, RN, APRN, PA, CNA, CCT, RT, PT, OR, SLP, Radiology Techs, Clinical Pharmacists, Dietiticians, etc.

DIRECT PATIENT CARE = Touching/examining patient or contact for more than 10 min and within 6 feet

Adopt the higher level of protection if rule out or confirmed COVID and contact will be within 6 feet for more than 10 minutes.

General Patient Care: No Known COVID Risk

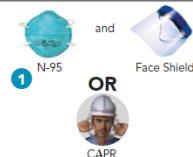


Surgical mask,
Face shield

Headgear remains on health care worker through multiple patients (i.e., do not replace per patient)

- 2 Fresh gloves and gown for contact/droplet precaution.
Break back tie in order to don gown over head gear.
- 3 Proper hand hygiene.

Rule out or Confirmed COVID Patient OR Aerosolizing Procedure on ANY Patient



Headgear remains on health care worker through multiple patients (i.e., do not replace per patient)

- 2 Fresh gloves and gown for contact/droplet precaution.
Break back tie in order to don gown over head gear.
- 3 Proper hand hygiene.

Use N-95 with face shield or CAPR if doing an aerosolizing procedure (i.e. intubation) or if patient is critically ill.

AEROSOLIZING PROCEDURES:

Nebulized Medication
Non-Invasive Ventilation
BIPAP/CPAP
High Frequency Ventilation
Chest Physiotherapy
Manual Ventilation
Intubation

Extubation
Bronchoscopy/BAL
Laryngoscopy
Tracheostomy
PFTs
Open Suction
CPR

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- Wear community mask to and from of patient care units/areas
- UV Disinfection
 - N-95 masks
 - (5 disinfections/6 uses)
 - Surgical mask
 - (3 disinfections/4 uses)
- Faceshields
 - See Laminate replacement instructions
 - Clean with disinfectant wipe, alcohol, or soap and water

SITUATION INFORMING CURRENT RECOMMENDATIONS:

- Need for PPE conservation due to worldwide shortage
- Some types of HCWs will have more frequent and sustained contact with infectious patients than others

Coronavirus Aid, Relief, and Economic Security (CARES) Act

- **Telehealth**
 - Relaxes established patient and platform/technical requirements
- **Hospitals**
 - 20% payment increase for patients with COVID-19
- **Individual Payments**
 - \$1200 for individuals with income <\$75,000
- **Business**
 - Delays 2020 payroll taxes until 2021 and 2022

CARES Act:

Accelerated/Advanced Payments Program

- FFS Medicare only
 - No Medicare Advantage
- Amount is based on Provider's past 3 months payments and is calculated by CMS
 - no need for provider to calculate and submit amount request (CMS update NOT reflected in last memorandum)
- Functions essentially as “~no interest loan” for 120 days
- Advanced payment in ~1 weeks time from submission
- Repaid from future Medicare payments after 120 days
- *See further details on HHP Resource Page*

CARES Act: Paycheck Protection Program



- SBA loan designed to provide a direct incentive for small businesses to keep their workers on the payroll.
- SBA will forgive loans if all employees are kept on the payroll for eight weeks and the money is used for payroll, rent, mortgage interest, or utilities.
- The Paycheck Protection Program will be available through June 30, 2020.
- For more information and how to apply:

<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp>



HPH COVID-19 Virtual Clinic

HPH COVID-19 Virtual Clinic
for Video and Phone Visits

808-462-5430 (Option 2)

7 days a week
8 a.m.-8 p.m.

*hours may change
based on demand

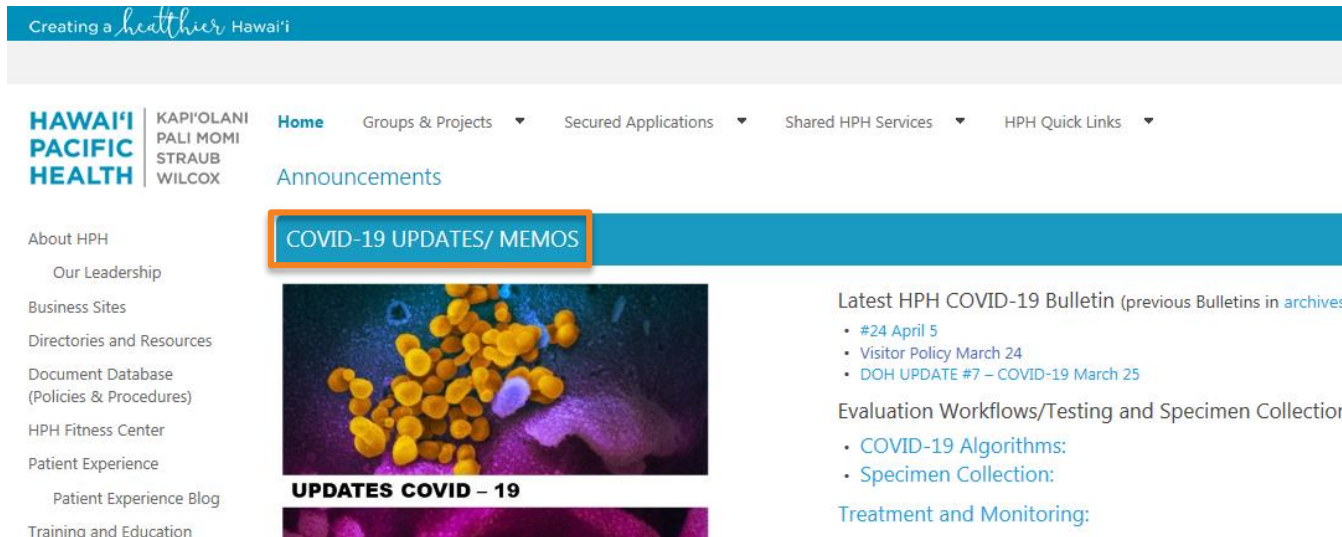
- We encourage patients to call, send an E-Visit, or send a MyChart message to their PCP first for guidance. If patients do not have a PCP or have limited access, they can call this phone number for guidance on mild respiratory symptoms.
- The virtual clinic is staffed by physicians and advanced practice providers for adult (*18 and over*) patients with fever and respiratory symptoms (e.g., cough, difficulty breathing).
- Patients will be virtually evaluated by video or telephone visit, and appropriate tests will be ordered, including COVID-19.
- Virtual Clinic will then direct patients:
 - To self-quarantine, rest, and follow up with educational materials.
 - To a HPH drive-up specimen collection site with an order.
 - To a Respiratory Evaluation Clinic if a physical evaluation is needed for their symptoms.
 - To the Emergency Department if appropriate.

COVID-19 Resource Pages for Physicians

- HHP Internet
 - www.hawaiihealthpartners.org/covid-19-clinical-resources

- HPH Intranet

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HHP Support Center

- (808) 462-5104
 - **For Providers:** Expanded services to include answering provider questions regarding COVID-19.
 - Hours of operation: Monday to Friday, 8:00AM – 4:00PM
- Request via EPIC
 - Submit via EPIC, select “Network Access” as your “Reason for Referral”
 - Type out question(s)

Telemedicine: IT Updates

James Lin, MD

Vice President, Information Technology

Hawai'i Pacific Health

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E-visit Updates:

- Live now
 - Billing options to select within an e-visit encounter
- Upon Request
 - Option for specialists to allow established patients to send an e-visit to them
- Coming Soon
 - ‘Other’ E-visit type for generic information collection and submission

Video Visit Telehealth

- As of Mar 30, the federal government issued Stark waivers for telehealth services
 - HPH offering free doxy.me licenses and integrated Mychart build for non-contracted Health Advantage Connect providers
 - Independent providers will be charged for this service after crisis is over
 - Sign up on the intranet or with your Health Advantage Connect support team
- Use of other platforms permitted but non-HIPAA platforms should not be used after crisis over.
 - HPH builds will only be doxy.me centric for video platform

Infrastructure Considerations

- Strong Internet access and available bandwidth (patient and provider)
 - HPHPROD wifi if at an HPH hospital campus
 - Cell signal
 - Ethernet plug into hardwired network
- Hardware
 - Device with microphone and camera
 - Smartphone
 - Tablet
 - Workstation or laptop with webcam/microphone/speaker
 - HPH providers: Submit workstation/laptop hardware requests via Intranet
- Following prompts to enable access to microphone and camera on devices



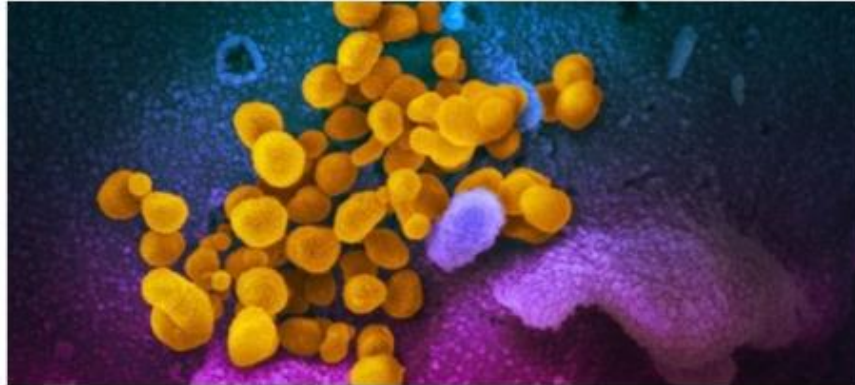
Video Visit Telehealth - Inpatient

- Reduce PPE
- Patient isolation
- Use Doxy.me now to communicate to patient smartphone
- Guest/HPH PROD wifi being augmented this week
- Configuration of MARTTI, wound care smartphones, tablets on wheels in progress.

Have Questions?

- *Start up guides, troubleshooting, FAQs are continually posted to the HPH Telehealth Intranet page*
 - *Accessible from the COVID-19 Intranet bulletins*
- *Doxy.me help and support within the webpage*
- The Optimization and Health Advantage Connect support team has been trained on these workflows.
 - Call 535-7010 (option 2), or Health Advantage Connect line at 533-4343
 - Optimization Team Email:
itclinicianpicsupport@hawaiipacifichealth.org

COVID-19 UPDATES/ MEMOS



UPDATES COVID – 19



Information for Employees:

- [FAQs for HPH Employees](#)
- [FAQs for HPH Manager](#)
- [FAQs for Employees Working from Home](#)
- [FAQs for patients for staff to reference](#)

Latest HPH COVID-19 Bulletin (previous Bulletins in [archives](#)):

- [#18 March 27](#)
- [Visitor Policy March 24](#)
- [DOH UPDATE #7 – COVID-19 March 25](#)

Evaluation Workflows/Testing and Specimen Collection :

- [COVID-19 Ambulatory Workflow March 27](#)
- [COVID-19 Testing Algorithm March 27](#)
- [COVID-19 Positive Test Results Algorithm March 26](#)
- [What to do if you are exposed to confirmed COVID-19 March 26](#)
- [COVID-19 Drive-up Collection Site Flyer March 27](#)
- [NEJM - How to Collect a NP Swab \(Video\)](#)
- [SMC Pearlridge Respiratory Evaluation Clinic Flyer](#)
- [SMC King Street Respiratory Evaluation Clinic Flyer](#)

PPE Guidelines:

PPE Doffing and Donning:

PPE Cleaning and Conservation:

[TeleHealth and Video Visits – COVID-19](#)



TeleHealth

TeleHealth

- E-Visits
- Scheduled Telephone Encounters
- Video Visits
- COVID Virtual Clinic
- Site Contents

Do you have a need for TeleHealth Encounters?

Click the links below to find out more detail about the various encounter types we have available:

		
E-Visits	Telephone Encounters	Video Visits

Please call service desk (535-7010, option 2) for clinician support for further assistance.

Billing

Please see the reference documents below for guidance on TeleHealth Billing:

-  [Epic Update - E-Visit Charging.pdf](#)
-  [TeleHealth Billing Quick Reference Guide.pdf](#)
-  [TeleHealth Billing - Full Guidelines.pdf](#)

Health Advantage Connect Providers

HPH is pleased to announce that we will be able to grant Health Advantage Connect Providers temporary, free access to the expanded 'Clinic' version of Doxy.me.

[Click here to submit your request for Health Advantage Connect \(HAC\) Doxy.me License](#)

Telemedicine Coding and Billing Update

Keoki Clemente, Director of Revenue Integrity
Hawai'i Pacific Health

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Telemedicine – Service types

- Telehealth (audio and video)
- Telephone (virtual check-in)
- E-visit (patient portal)

CMS Telehealth = Audio and Video

- CMS definition of telehealth: “Multimedia equipment that includes, at minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. Telephones, facsimile machines, and e-mail do not meet the definition of interactive telecommunication system”.....BUT cell phone with audio and video capabilities is acceptable.

CMS Update – Telehealth (Audio and Video)

- Increased approved codes from 106 to 191
- Identified by coding modifier -95
- Services that HPH physicians commonly perform include:
 - ❖ Initial hospital and discharge management visits
 - ❖ Initial nursing facility visits
 - ❖ Critical Care
 - ❖ Neonatal and Pediatric Critical Care, initial/subsequent
 - ❖ Monthly ESRD visits



CMS Update – Telephone (Audio)



- Virtual Check-in (Audio) – G2012
- ****New**** E/M telephone visit codes 99441 – 99443
 - ❖ 99441 5-10 minutes (similar to G2012)
 - ❖ 99442 11-20 minutes
 - ❖ 99443 21-30 minutes
- Both used for New and Established patients

CMS Update – E-visit



- CPT codes 99421-99423

- ❖ 99421 5-10 minutes

- ❖ 99422 11-20 minutes

- ❖ 99423 21+ minutes

- Report for New and Established patients

CMS Telehealth Payment

- CMS will reimburse based on place service/setting
- Modifier -95
- Place of service 11 (office/clinic)
- Place of service 02 (telehealth) paid at lesser rate

Other Payer Telemedicine Policies

- Telehealth with place of service 02
- Telehealth defined to include:
 - Video (audio and visual)
 - Telephone (audio)
 - E-visit (online portal)
- Generally waiver of patient co-insurance payments for telehealth services
- HPH provider claims will be updated to reflect coding and billing requirements per payer policy

COVID-19 ICD-10 Coding

- Families First Corona Virus Response Act
- No cost sharing requirement for COVID-19 testing and testing related services
- U07.1 (COVID-19) – Confirmed
- Z03.818 – Concern due to possible exposure
- Z20.828 – Concern due to actual exposure
- Z11.59 – Asymptomatic patient screened with no known exposure
- For Z03.818 and Z20.828, report any signs and symptoms present (e.g. cough, fever)

Resources

- Updated Telemedicine Quick Reference Guide – <https://intranet.hph.local/gp/telehealth/PublishingImages/Pages/default/TeleHealth%20Billing%20Quick%20Reference%20Guide.pdf>
- Updated CMS approved list of telehealth codes - <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- ****NEW**** HPH Telemedicine Coding Matrix - <https://intranet.hph.local/gp/telehealth/PublishingImages/Pages/default/Hawaii%20Pacific%20Health%20Telemedicine%20Coding%20and%20Billing%20Payer%20Matrix.pdf>
- ICD-10 COVID-19 guidelines: <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>

Testing Update – Dr. Owen Chan

- Two pathways for COVID-19 testing:
 - Local testing (results in 24 hours): Inpatients, healthcare workers, first responders
 - Send-out (results in 3-5 days): Outpatients
- Other instrumentation:
 - Examining other platforms for backup testing:
 - Abbott ID NOW
- Serologic testing

Treatment Updates

Douglas Kwock, MD

Chief Medical Officer – Pali Momi Medical Center

Hawai'i Pacific Health

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HPH Site Specimen Collection Thru 04/06/20

		Totals (New from last week - 03/30/20)		
Location		Ordered	Pending	Positive
Kapiolani Medical Center	Inpatient	117 (42)	1	1 (0)
Kapiolani Medical Center PSC	Outpatient	517 (147)	35	13 (4)
Pali Momi Medical Center	Inpatient	247 (69)	4	6 (3)
Pali Momi PSCs	Outpatient	941 (334)	100	33 (13)
Straub Clinic and Hospital	Inpatient	150 (70)	6	2 (1)
Straub Clinics	Outpatient	791 (208)	59	24 (7)
Wilcox Memorial Hospital	Inpatient	90 (40)	13	3 (2)
Wilcox Clinics	Outpatient	667 (137)	48	9 (3)
HPH Total		3,520 (1,047)	266	91 (33)

Inpatient = ED and hospitalized (currently all "inpatient" positives are from ED, none are hospitalized)

Outpatient = clinics and specimen collection sites

Treatment Updates

- FDA Authorized (EUA) vs Approved
 - Hydroxychloroquine (HCQ)
 - Cardiac toxicity (prolonged QTc, torsade de pointes)
- Outpatient therapy
 - Supportive care
 - Consider HCQ in patients with high risk factors for severe illness
- Inpatient therapy
 - HCQ
 - Supportive care

Treatment Updates

- Clinical Studies
 - Remdesivir (nucleotide analogue)
 - HCQ alone or in combination with AZM
 - IL-6 pathway inhibitors (Sarilumab, Tocilizumab)
 - Protease inhibitors (Lopinavir/Ritonavir)
 - Convalescent plasma
 -
 -
 -
 - Traditional Chinese therapies
- HPH COVID-19 Treatment Protocol


COVID-19 Drug Supply Update

Jennifer Dacumos, PharmD

Director of Pharmacy

Hawai'i Pacific Health

Reasons for COVID-related Drug Shortages

-  Demand for investigational drugs being used for treatment as well as critical care drugs
- Decreased supply coming from heavily affected COVID countries
 - Not well understood – FDA has limited transparency on where API (active pharmaceutical ingredient) is produced globally
 - 13% of brand and generic API manufacturers are based in China - impact unclear
 - WHO Essential Medications List (370 drugs) – only 20% of producing facilities are based in the US

HPH COVID Treatment Protocol Drug Supply

HPH COVID protocol drug supply as of 4/3/20:

MEDICATION	Qty (each)	COVID Tx Courses
Hydroxychloroquine 200mg tabs	5626	469
Kaletra tabs	900	17
Actemra vials	82	26
Azithromycin 500mg vials	1782	356

[About Teva](#)[News & Media](#)[Products](#)[Our](#)

Teva to Donate Potential COVID-19 Treatment, Hydroxychloroquine Sulfate Tablets to Hospitals Nationwide

 Mar 20 2020

Teva will donate 6 Million tablets through wholesalers to hospitals by March 31, and more than 10 Million within a month

Share this page:

HPH Critical Care Drug Supply as of 4/3/20

<4 weeks supply on hand <u>and</u> unable to order in consistent qtys	4-8 weeks supply on hand <u>and</u> unable to order in consistent qtys	>8 weeks supply on hand
Dexmedetomidine	Propofol	Fentanyl
Midazolam		Morphine
Cisatracurium		Hydromorphone
		Remifentanyl
		Lorazepam
		Ketamine
		Etomidate
		Vecuronium
		Rocuronium
		Succinylcholine
		Neostigmine
		Epoprostenol

Other drugs being monitored

- MDIs
- IV acetaminophen
- Losartan
- IVIG
- Tranexamic acid
- Fibrinogen

Drug Conservation Strategies

- Create awareness of drug inventory status at each facility and across system

Facility	Pharmacy Director	Contact Information
Straub	Joy Matsuyama	(808)522-4590 joy.matsuyama@hawaiipacifichealth.org
Pali Momi	Carlotta Meier-Irving	(808)485-3865 carlotta.meier-irving@palimomi.org
Wilcox	Kent Kikuchi	(808)245-1206 kent.kikuchi@wilcoxhealth.org
Kapi'olani	Shannon Terayama	(808)983-8132 shannon.terayama@kapiolani.org
HPH	Jen Dacumos	(808)522-6942 jennifer.dacumos@hawaiipacifichealth.org

Drug Conservation Strategies

- Epic order set changes
- Smaller bag sizes
- Extended stability & hang times for continuous infusions
- Code cart changes
- OR Do's and Don'ts

Will not implement at this time

- MDI common canister
 - 5% rate of cross-contamination
- Physician office ordering

AMA / APhA / ASHP Joint Statement about COVID Medications

- Released on March 25th
- Available at: <https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/Coronavirus/docs/AMA-APhA-ASHP-statement-ensuring-access-to-medicines-covid19.ashx?la=en&hash=F844D66155C2505C8DFC39DFA7F7CA04786E483C>

Joint Statement about COVID Medications

- No medication has been FDA-approved for the use of COVID-19
- The evidence base for off-label use is small (changing, growing daily)
- In opposition of:
 - Prophylactic prescribing of medications identified as potential treatment for COVID-19
 - Purchase of excessive amounts of these medications in anticipation of use
- In support of:
 - Prescriptions must only be written for a legitimate medical purpose
 - Pharmacists' professional responsibility to inquire and resolve any questions about a prescription
 - Ongoing efforts to conduct clinical trials and generate evidence related potential treatments for COVID

Surge Planning

KMCWC, PMMC, SMC & HAH

Martha Smith
Executive Vice President
O'ahu Operations
Hawai'i Pacific Health

Incident Commander
AOC

ALPHA TEAM

Adult MD
Ivica Zalud, MD
Alt B: Dr. K. Terada
Alt B: Dr. D. Town

Kapi'olani Medical Specialists
Ken Nakamura, MD
Ruthie Reyes
Pam Almeida

Liaison Officer
Kauila
Noah-Casison

Medical/Technical Specialist
Sarah Kennedy-Smith
Nicole Johnson

Pediatric MD
David Kurahara, MD

Media Center
Maria Bartolome

Public Information Officer
Maria Bartolome

Safety Officer
Fego Alconcel
or Designee

HAWAII
PACIFIC
HEALTH

KAPI'OLANI
MEDICAL CENTER
FOR WOMEN & CHILDREN



Hospital Incident Command System

Date: 3/11/2020

Operations Section Chief
Mavis Nikaido

Planning Section Chief
Dawn Ching

Logistic Section Chief
Kiko Riego de Dios

Finance Section Chief
Carrie Tsutsui

Triage Branch Director
ER Staff

Immediate Care Unit Leader
ER Staff

Delayed Care Unit Leader
ER Staff

Minor Trauma Unit Leader
ER Staff

Discharge Unit Leader
Nurse Leadership

Palliative Care Unit Leader
Puanani Lalakea

Decontamination Unit Leader
ER Staff

Transports/Runners Unit Leader
Lisa Chung

In-Patient Care Branch Director
Darlene Ogoshi

Emergency Room Unit Leader
Edwin Yokoyama,
Sherri Sommer-Candelario

Surgery Unit Leader
Megan Stobo
Chandra Rams

Pediatrics Unit Leader
Brenda Maglasang
Stacey Abrams

Family Birth Center Unit Leader
Ona Bohatch
Maria Chomey

PICU Unit Leader
Nicole Jenkins
Laurie Yamamoto

NICU Unit Leader
Karin Shinkawa
Thelma Cabato-Cadiz

FDC / WACC Unit Leader
Carrie Caeton

Women's Center Unit Leader
Carrie Caeton

Outpatient Clinic Unit Leader
Kristen Pennaz
Aubrey Castillo

Mother Baby Care Unit Leader
Brandy Rhinelander
Nicole Alices

AICU Unit Leader
Brandy Rhinelander
Nicole Alices

Med Surg Unit Leader
Brandy Rhinelander
Briana Keo

Ancillary Services Branch Director
Suzie So-Miyahira

Pharmacy Unit Leader
Shannon Terayama
Janelle Andrade

Radiology/Imaging Unit Leader
Michael Chibana

Lab Unit Leader
Amy Onaka

RT Unit Leader
Ryan Bellomy

HMR (Medical Records) Unit Leader
Evelyn Neth

Morgue
Histology on Hand

Medical Staff Unit Leader (Credentialing)
Kathy McGarvey

Patient Tracking Unit Leader
Marc Izutsu

Labor Pool (Staffing) Unit Leader
Lisa Chung

Documentation Unit Leader
Admin. Assistant

Human Services Unit Leader
Leah Nahale

Employee Health & Well-Being Unit Leader
Jessica Nakasono

Employee Family Care Unit Leader
Heather Tamaye

Facility Unit Leader
Kiko Riego de Dios

Security Unit Leader
John Harrison

Information Systems Unit Leader
Annette Lum

Communications Unit Leader
Dale Aipa

Recovery Unit Leader
Incident Command to Appoint

Environmental Services Unit Leader
Robert Crawford

Supply Chain Management Unit Leader
Wallace Valdez
Kahealani Dunn

Food Services Unit Leader
Alison Bright

HAZMAT Unit Leader
Robert Crawford

Medical Equipment Unit Leader
Peter Ines

Time Unit Leader
Ramona Clemente

Procurement Unit Leader
Wallace Valdez

Compensation/Claim Unit Leader
Alan Morita

Cost Unit Leader
Jennifer Gabriel

Hawaii Pacific Health – Command Center Contacts

Corporate Command Center		
Primary Line	808-983-3350	
Second Line	808-983-6022	
Fax Line	808-983-8392	
Kapi'olani Medical Center for Women & Children		
Primary Line	808-983-6026	
Second Line	808-763-2510	
Fax Line	808-973-3456	
Pali Momi Medical Center		
Primary Line	808-485-4113	
Second Line	808-485-4704	
Fax Line	808-485-4622	
Straub Medical Center		
Primary Line	808-522-4433	
Second Line	808-522-3616	
Fax Line	808-522-4434	
Wilcox Medical Center & Kaula Medical Clinic		
Primary Line	808-246-2962	
Second Line	808-246-2963	
Fax Line	808-245-1171	

KMCWC

Adult MD

Ivica Zalud
Alt A K. Terada
Alt B Dena Towner

KMS

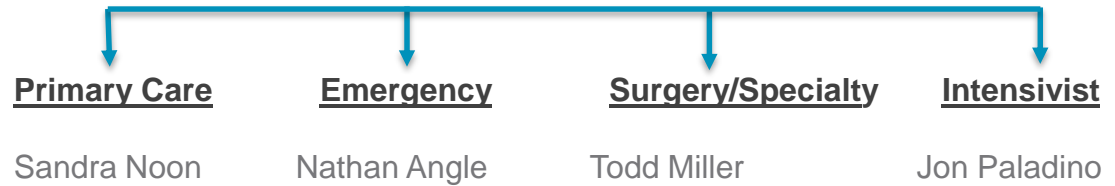
Ken Nakamura
Ruthie Reyes
Pam Almeida

Peds MD

David Kurahara

Straub

Rodney Williams



PMMC

Andy Lee



ISOLATION ROOMS (EXISTING)							
	TOTAL	ED	ICU	PICU	NICU	M/S	GI
Kapi'olani	15	1	1	4	4	5	0
Straub	11	1	4	0	0	5	1
Pali Momi	6	2	1	0	0	3	0
Wilcox	8	1	1	0	0	5	1

ISOLATION ROOMS (SURGE)					
	TOTAL	LOC.	ICU	PICU	M/S
Kapi'olani	12	DH 5th Fl.	0	6	6
Straub	12*	6 East	0	0	12
Pali Momi	20	4th Floor	8	0	12
Wilcox	6	Kona 2	0	0	6

* - Area negative to hospital, but air is recirculated (thru MERV 14 filters & UV light).

ICU ROOMS (EXISTING)					
	TOTAL	ICU	PICU	NICU	Ventilators On Hand
Kapi'olani	17	3	14		81
Straub	16	16	0	0	25
Pali Momi	16	16	0	0	17
Wilcox	7	7	0	0	12

ICU ROOMS (SURGE)					
	TOTAL	ICU	PICU	NICU	Ventilators On Hand
Kapi'olani	26	12*	14**		0
Straub	12	12	0	0	12
Pali Momi	8	8	0	0	6
Wilcox	7	7	0	0	10

*Med/Surg; **Old PICU

Anesthesia Machines	
Site	Quantity
KMCWC	15
PMMC	9
SMC	13
WMC	9
Surgicare of Hawai'i	5
Total	51

	Total Census	ICU beds occupied	# Ventilators in use	# new admitted patients w/ COVID-19 screen	admitted patients who have tested positive for COVID-19
KMCWC	120	AICU: 0 NICU: 60 PICU: 7	AICU: 0 NICU: 16 PICU: 3	0	0
PMMC	74	6	4	3	0
SMC	94	9	6	3	1
WMC	37	4	2	1	0

Surge Planning

Shane Correria
Director of Security
Hawai'i Pacific Health

**HAWAI'I
PACIFIC
HEALTH**

HAWAI'I
HEALTH
PARTNERS

Hawai'i Healthcare Emergency Management Coalition (HHEMC)

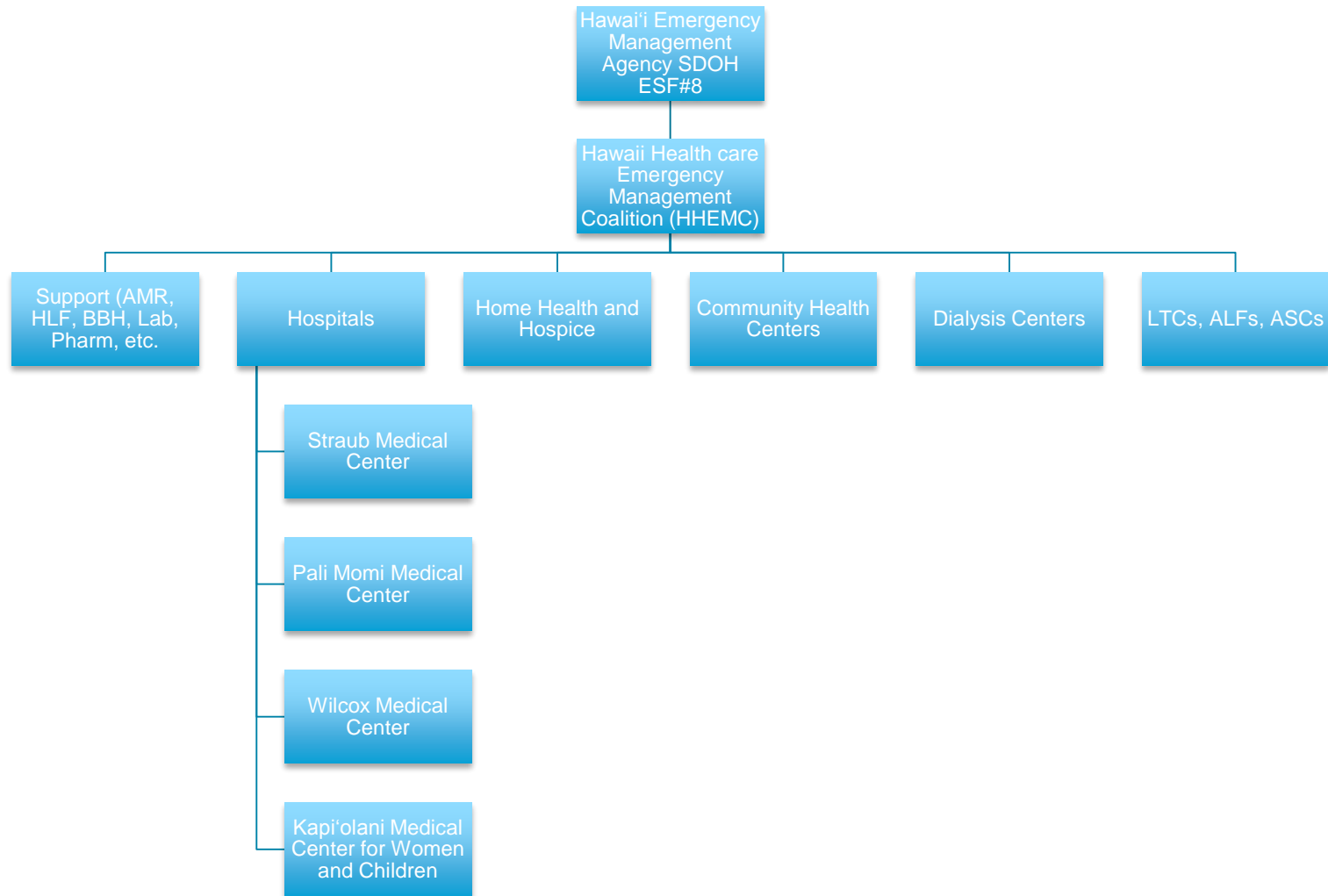
- **Mission:**

- Coordinate emergency operations
- Provide logistical support,
- Deploys medical response teams and healthcare delivery systems
- Coordinate preparedness and training to our coalition members

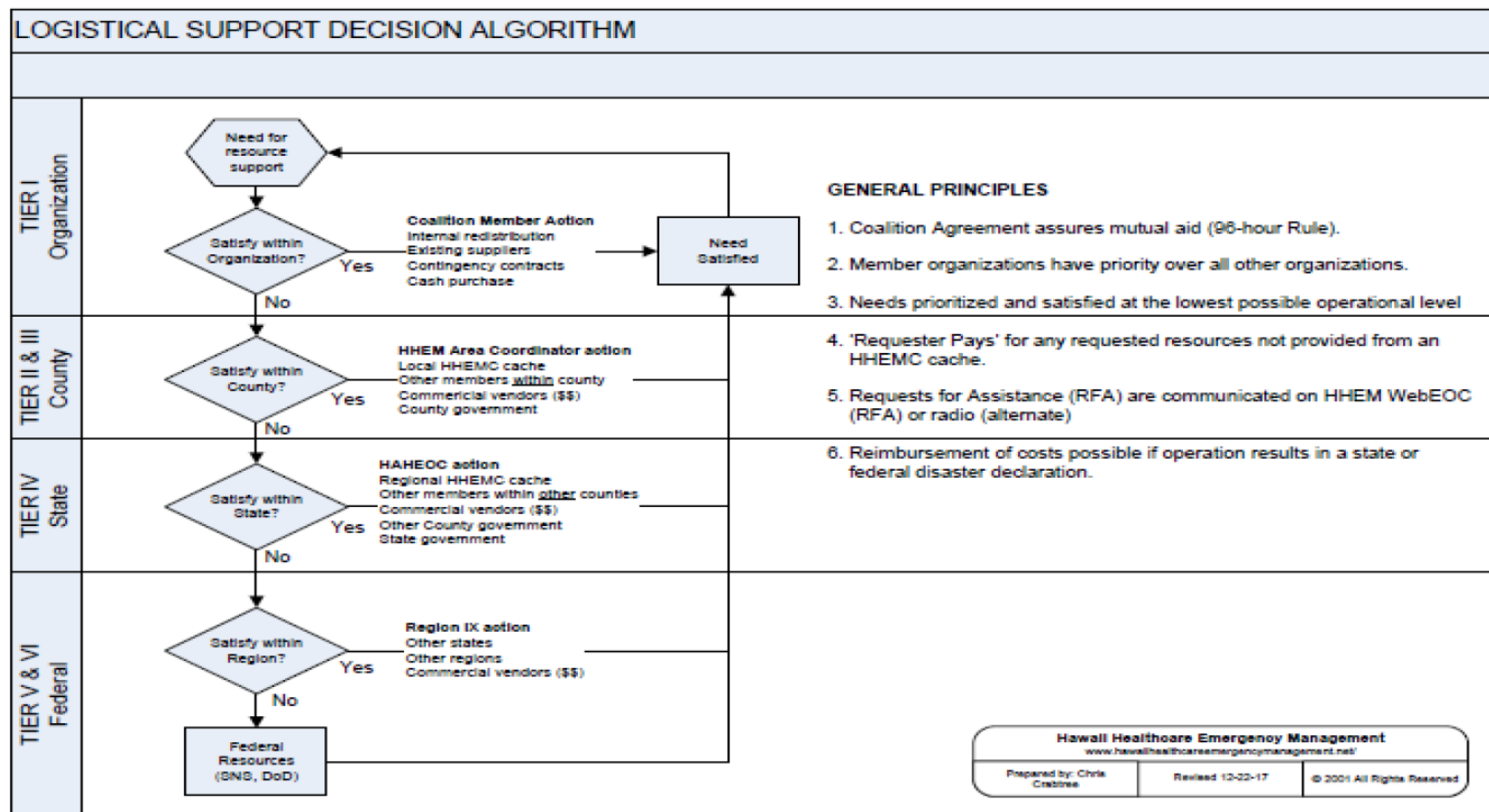
- **Priorities:**

- Protect existing patient services and capabilities
- Provide coalition mutual aid
- Assist government agencies in the event of a major emergency or disaster

Healthcare Coalition Disaster Pathway Chart



Logistic Support Algorithm



Medical Staff Surge Planning

Amy Corliss, MD

Chief of Staff

Wilcox Medical Center

Contingency Planning

- What if...
 - Physicians and APPs are lost to quarantine or illness?
 - Demand (volume of patients) exceeds usual supply of qualified providers?
 - Volume of certain conditions or types of patients (ICU level, mechanically ventilated, etc) exceeds number of privileged “usual” providers at a site?
 - Patients who would normally be transferred cannot be due to lack of bed capacity at other system sites?

Options for Surge Planning

- Telemedicine
 - Tiered system (more skilled providers supervising teams of other providers)
 - Explore “hidden talents”
 - Back to basics / training
 - Retired or other community providers
 - System resources
-
- Temporary or Disaster Privileging will be required

Ask Nicely

- Providers want to help
- Reassure this is for the “what if” scenarios
- Reassure there will be up front or “just in time” training whenever possible
- Legal / malpractice concerns – broad statutory immunity in a disaster / emergency

Speciality	1st Backup (special skills/expertise)	2nd Backup (similar skills)	3rd Backup
Urgent Care	FP - [REDACTED] Family Practice (All)	[REDACTED] ED/UC experience) [REDACTED] Internal Medicine APPs - [REDACTED]	Any available MD/DO Other APPs
Emergency Dept.	Urgent Care (all) - [REDACTED] NP - [REDACTED] NP - [REDACTED]	Hospitalists Internal Medicine Family Practice	Any available MD/DO Other APPs
Hospitalist	IM - [REDACTED] IM - [REDACTED] IM - [REDACTED]	IM - [REDACTED] IM - [REDACTED] IM - [REDACTED] IM - [REDACTED] IM - [REDACTED] (no ICU) FP - [REDACTED] (no ICU)	FP - [REDACTED] [REDACTED] (Geri/PC) Any IM/FP NP - [REDACTED] [REDACTED] (both willing to help with almost anything)
ICU/Critical Care [REDACTED] Pulm) Hospitalists	[REDACTED] Anesthesia - Any General Surg - Any [REDACTED] Tele - ICU (no procedures)	NP - [REDACTED] NP - [REDACTED]	IM
Anesthesia	[REDACTED]	CRNA - [REDACTED] ED (Proc Sedation)	[REDACTED]
OB	FP - [REDACTED] FP - [REDACTED]	FP - [REDACTED] Family Practice	Emergency Dept

WMC Medical Staff Coverage / Surge Plan

Revised 3/25/2020

In the event the volume of patients presenting for care to Wilcox Medical Center, including the Emergency Department and supporting clinics, exceeds the capacity of the currently scheduled and on-call Providers to care for those patients effectively, OR if the usually scheduled/on-call Providers are unable to provide care due to illness, quarantine or other unavoidable absence, the following plan shall be enacted.

The Chief of Staff (or designee) and the Medical Staff Supervisor shall be called to assist and will contact providers in the following order:

1. When possible, additional Providers from within the same specialty shall be called first to provide coverage. The Chief of Staff should also consider contacting other Medical Staff offices and HPH Medical Group leadership to assess availability of Providers in the HPH system
2. When there are no available Providers in the same specialty, the WMC Medical Staff Surge / Backup Plan spreadsheet should be utilized to identify alternate Providers with similar skills or expertise
3. Providers in the 1st Backup column will be contacted first. These are Providers who possess skills and expertise in a specialty area and/or have volunteered to fill these roles
4. If there are insufficient Providers in the 1st Backup column or these providers are unavailable, Providers in the 2nd Backup Column shall be contacted. These providers possess skills similar to those of the specialty in need and/or have volunteered to fill these roles
5. If no other available providers have been secured, providers in the 3rd Backup column shall be contacted
6. If no Providers on the list are available, the Chief of Staff and CEO will determine which, if any, other available providers can most appropriately manage patients in need of specialty services and will investigate other options for patient triage/transfer

Article VII of the Wilcox Medical Center Bylaws shall govern the granting of clinical Privileges and Practice Prerogatives.

Q&A

CREATING A HEALTHIER HAWAI'I

**HAWAI'I
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HEALTH**

HAWAI'I
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PARTNERS

Thank you!

- A recording of the meeting will be available afterwards.
- Unanswered question?
 - Contact us at Covid19Bulletin@hawaiipacifichealth.org