HHP/HPH COVID-19 Community Webinar Series

Monday, August 24, 2020

5:30pm – 6:30pm

HAWAIʻI PACIFIC HEALTH | HAWAIʻI HEALTH PARTNERS

CREATING A HEALTHIER HAWAIʻI

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.

Webinar Information

- You have been automatically muted. You cannot unmute yourself.
- You will be able to submit questions via the Q&A section.
  - Due to time constraints, any unanswered questions will be addressed this week and posted on the HHP website
- A recording of the meeting will be available tomorrow on the HHP website and intranet.

How to Claim CME Credit

1. Step 1: Confirm your attendance
   - You should have completed a brief questionnaire before joining today's live webinar.

2. Step 2: HPH CME team will email you instructions
   - Complete and submit evaluation survey that will be emailed to you within one week of the offering.
   - Your CE certificate will be immediately available to you upon completion of your evaluation.
   - Questions? Email hphcontinuingeduc@hawaiipacifichealth.org

CME Accreditation Statement

- In support of improving patient care, Hawai‘i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
- Hawai‘i Pacific Health designates this webinar activity for a maximum of 1.0 AMA PRA Category 1 Credit (s) ™ for physicians. This activity is assigned 1.0 contact hour for attendance at the entire CE session.

JOINTLY ACCREDITED PROVIDER™

INTERPROFESSIONAL CONTINUING EDUCATION

Disclosures

- The planners and presenters of this activity report no relationships with companies whose products or services (may) pertain to the subject matter of this meeting

COVID-19 Updates

Gerard Livaudais, MD, MPH
Executive Vice President,
Population Health and Provider Networks
Hawai‘i Pacific Health

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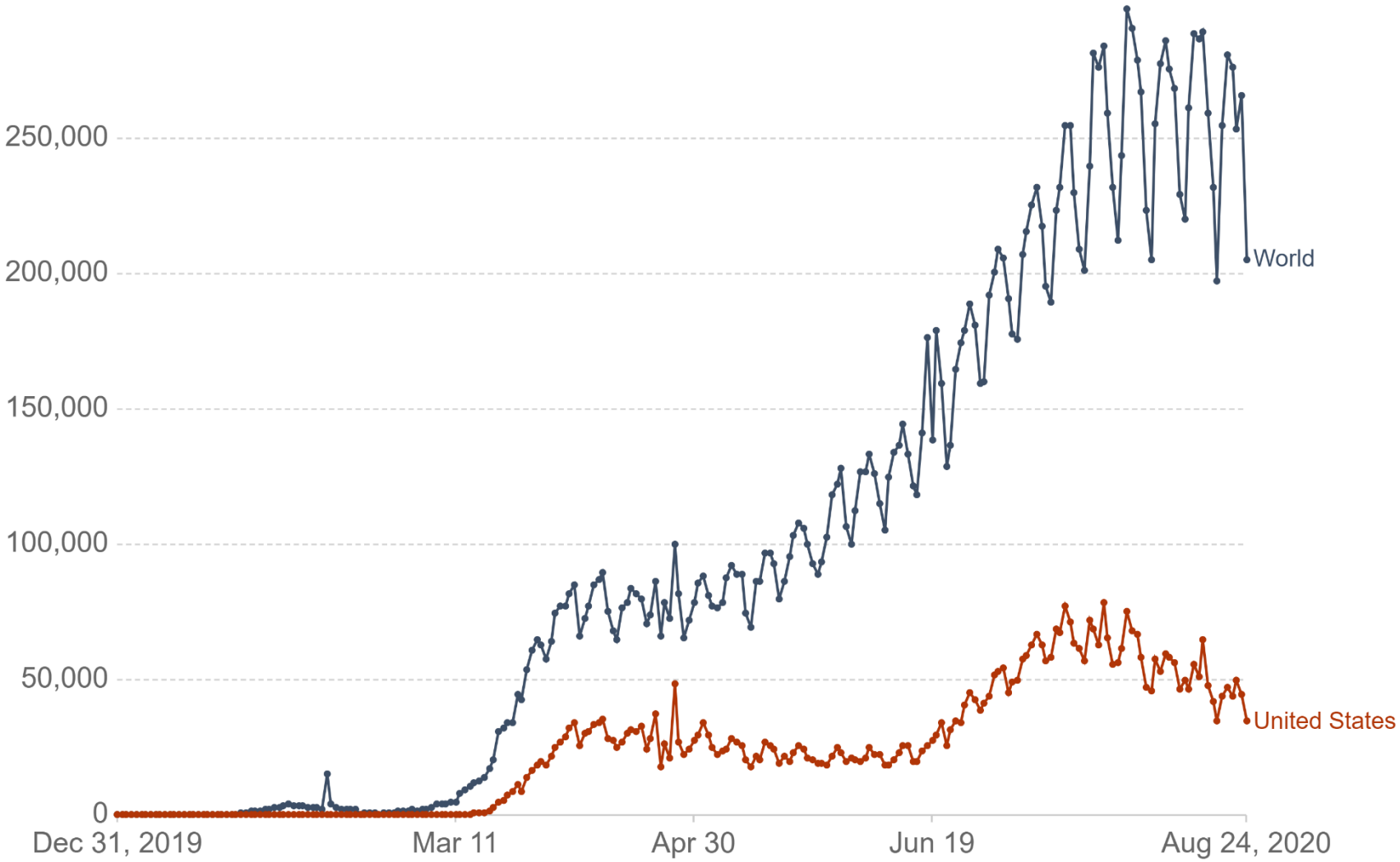
Daily new confirmed COVID-19 cases

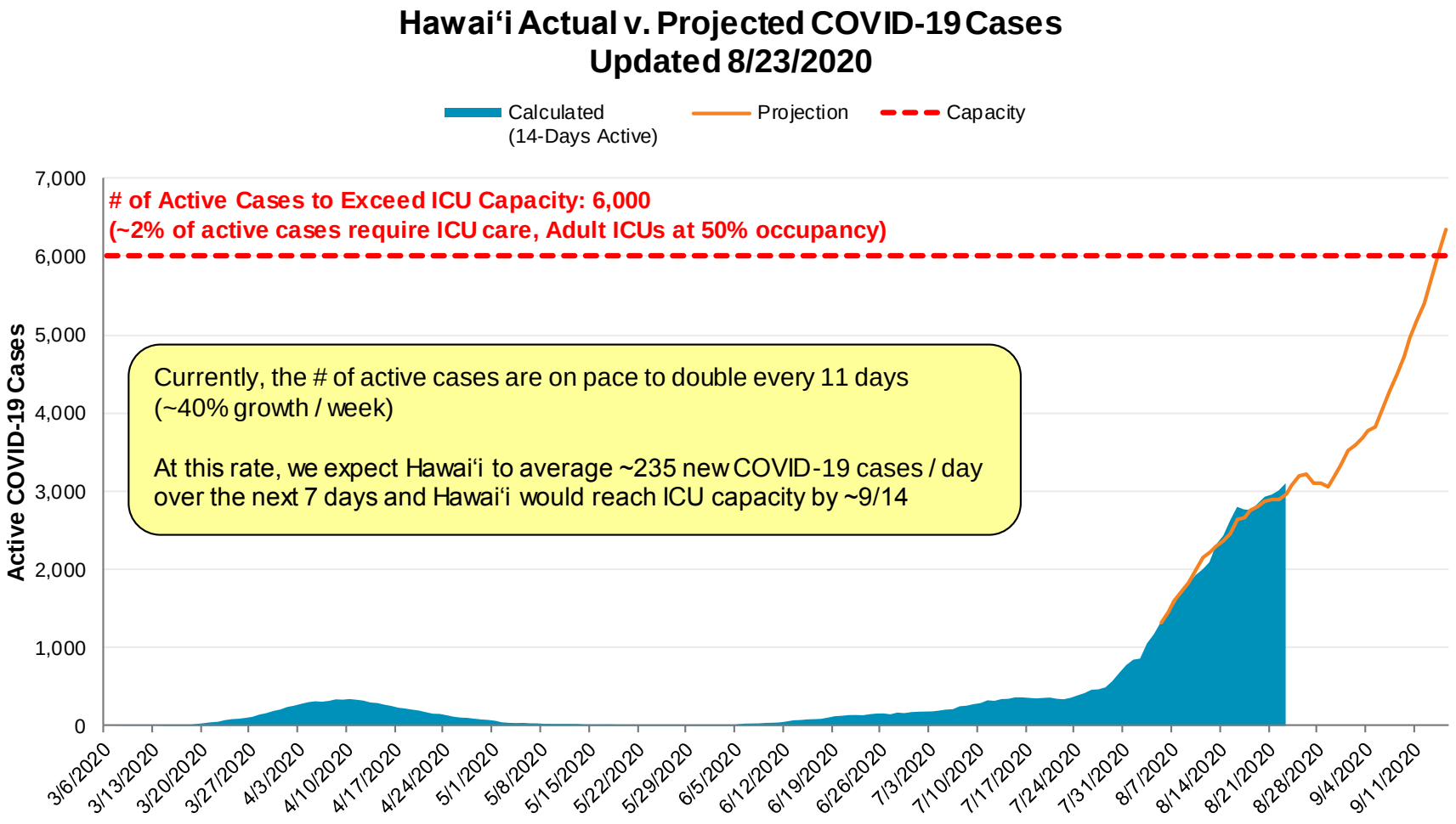
The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World in Data



Source: European CDC – Situation Update Worldwide – Last updated 24 August, 10:04 (London time)

Hawai‘i COVID-19 Case Projections



As of 08/24/20	Total Census	ICU beds occupied	# Ventilators in use	# New Admissions w/ COVID-19 screening	# New Admissions w/ positive COVID-19	# Patients currently hospitalized w/ suspect or confirmed COVID-19	# Patients currently on a ventilator w/ suspect or confirmed COVID-19	# Patients currently in ICU w/ suspect or confirmed COVID-19
KMCWC	145	AICU: 0 NICU: 68 PICU: 9	AICU: 0 NICU: 27 PICU: 7 Wilcox: 1	2	0	S: 2 C: 1 adult 2 pediatrics	S: 0 C: 1	S: 1 C: 1
PMMC	101	9	8	10	2	S: 5 C: 22	S: 0 C: 7	S: 0 C: 7
SMC	127	15	8	8	1	S: 4 C: 25	S: 1 C: 3	S: 1 C: 5
WMC	42	6	1	2	0	S: 2 C: 0	S: 0 C: 0	S: 1 C: 0

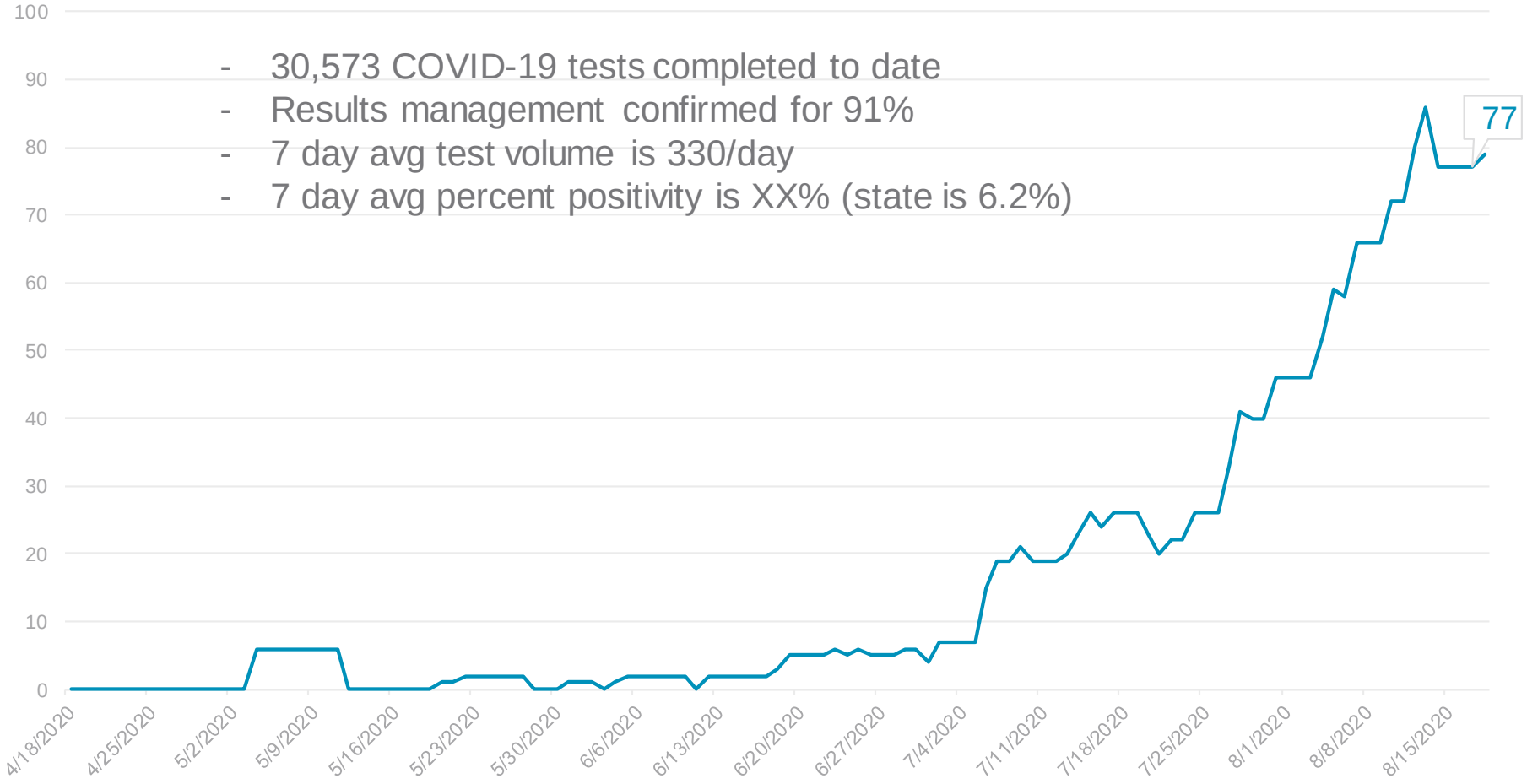
S = Suspected; C= Confirmed

COVID-19 Virtual Monitoring Program

Facilitates home recovery from COVID-19 through:

- Education and Support
  - Help patients understand their diagnosis, what to watch for, and how to access care appropriately.
- Clinical monitoring
  - Care Companion online app, use of Thermometer, Pulse Oximeter, Blood Pressure cuff. How to keep accurate records.
  - Telehealth visits by phone or video.
  - My Chart enrollment if possible.
- Treatment
  - COVID-19 (e.g. mild hypoxemia, symptoms).
  - Pre-existing illness (e.g. hypertension, diabetes).
  - Concurrent illness (e.g. UTI, otitis media).
  - Social, nutritional, financial, and psychological complications of illness. (Help connect with appropriate resources).

COVID-19 Virtual Monitoring Program - Active Cases



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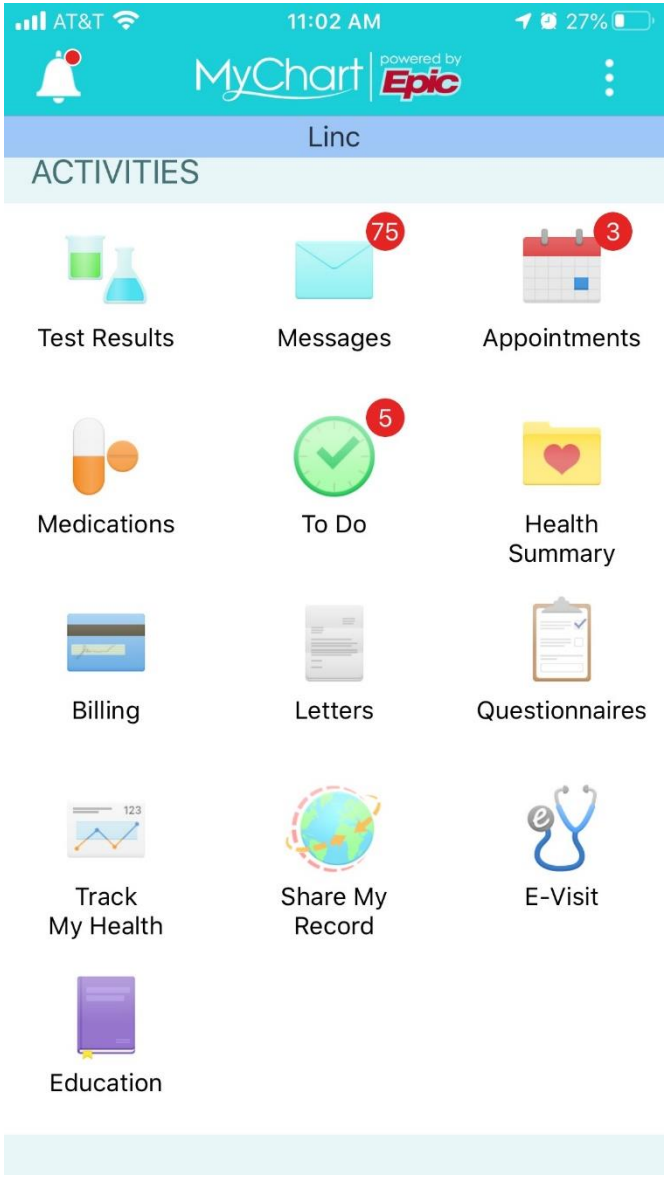

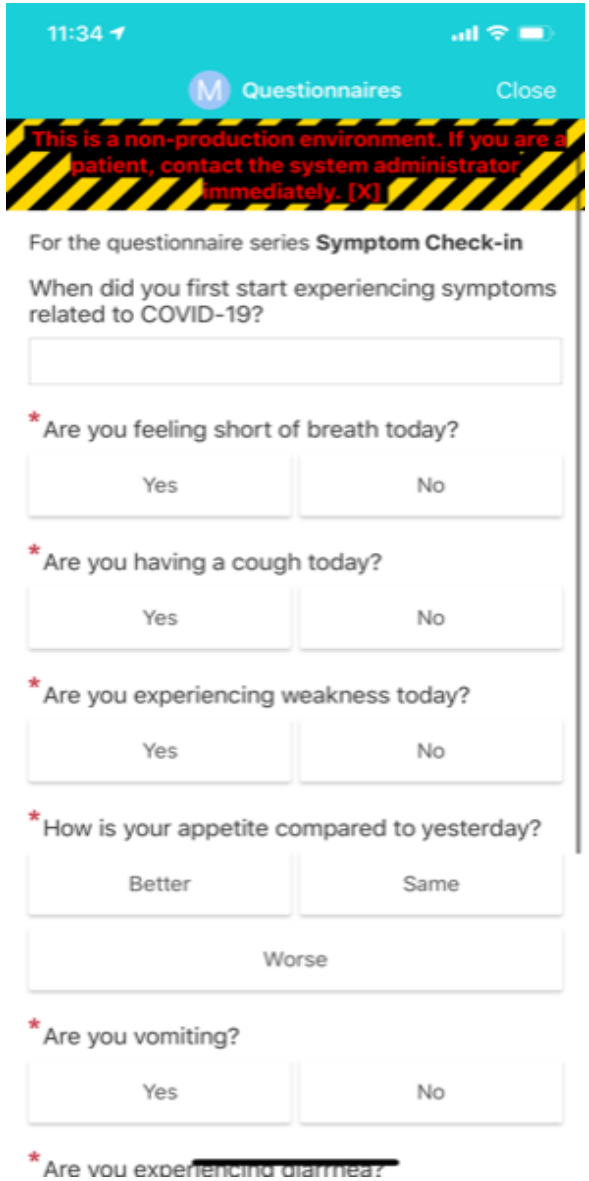

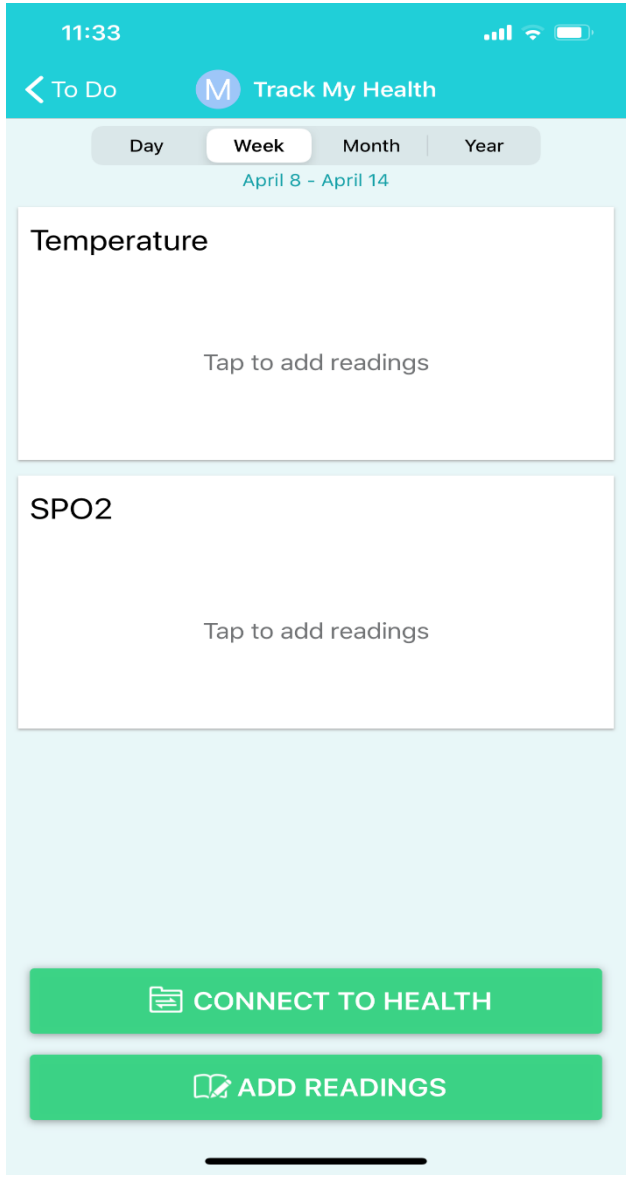

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Best Practice Alert Message (BPA)-PCP view

Status	Subject	Msg Date	Msg Time	Patient
New Visit: 04/15/2020	COVID-19 Shortness of Breath or Vomiting	04/15/2020 Pool?: X	3:50 PM	Ambtest, Andy
Read Visit: 04/15/2020	COVID-19 SPO2 < 92	04/15/2020 Pool?: X	3:50 PM	Ambtest, Andy
New Visit: 04/15/2020	COVID-19 Temp > 100.3 F	04/15/2020 Pool?: X	3:50 PM	Ambtest, Andy
New Visit: 04/15/2020	COVID-19 SPO2 < 92	04/15/2020 Pool?: X	1:06 PM	Ambtest, Ashley
New Visit: 04/15/2020	COVID-19 Shortness of Breath or Vomiting	04/15/2020 Pool?: X	10:26 AM	Ambtest, Chris
New Visit: 04/15/2020	COVID-19 SPO2 < 92	04/15/2020 Pool?: X	10:25 AM	Ambtest, Chris
New Visit: 04/15/2020	COVID-19 Symptom Questionnaire Not Done	04/15/2020 Pool?: X	9:00 AM	Ambtest, Chris

Message Help

AA

Andy Ambtest

Male, 47 yr old, 7/17/1972

MRN: 30000862

PCP: None

Coverage: None

COVID-19 SPO2 < 92 Received: Today

Mychart, User → P Covid-19 Outbreak Monitoring Pool

Suspected or confirmed COVID-19 patient recorded oxygen saturation less than 92 in MyChart.

Active

Date	User	Actions Taken	Triggers	Comment
04/15/20 1550	Mychart, User [EBMYCHART001]	Send In Basket Message	Patient-Entered Data	None

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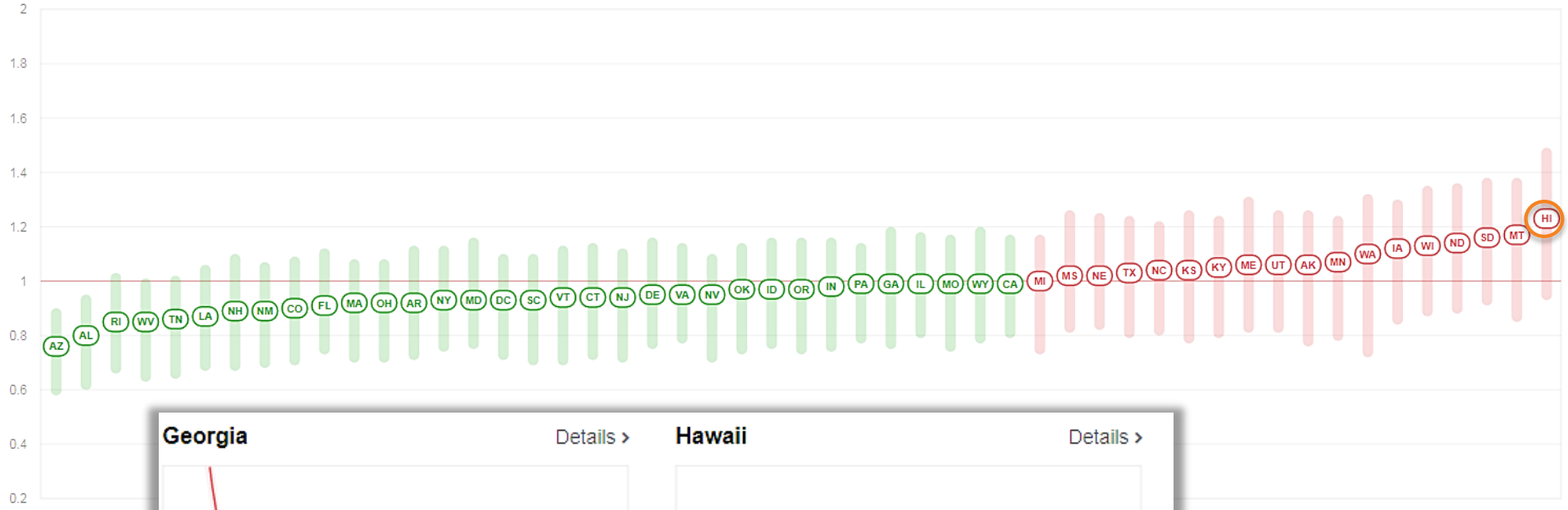
R_t COVID-19

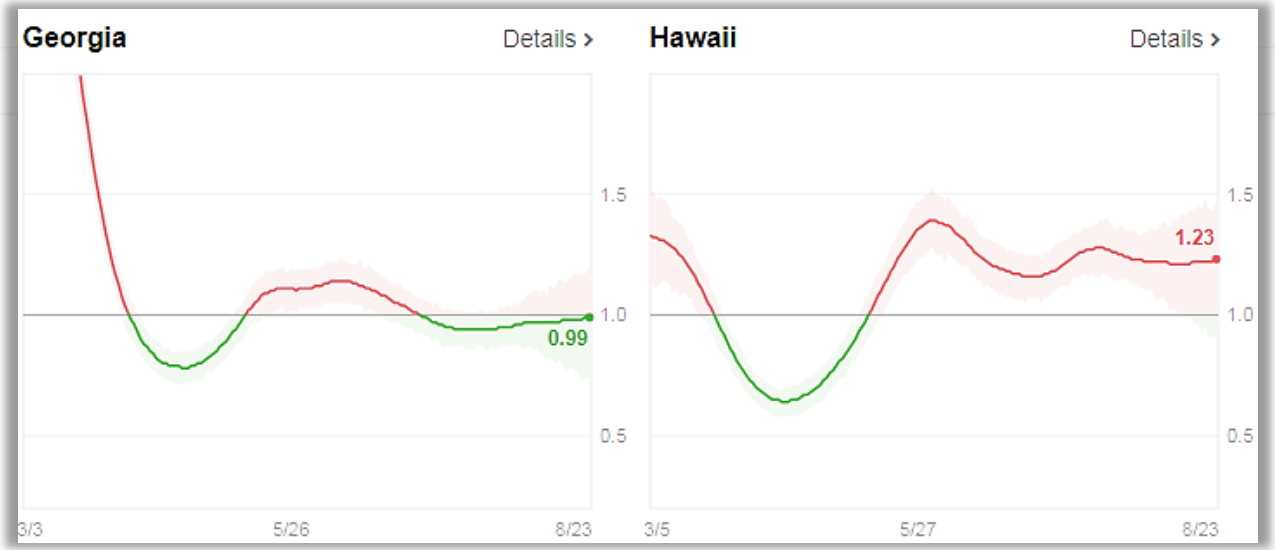
As of AUGUST 24, 2020

These are up-to-date values for R_t, a key measure of how fast the virus is growing. It's the average number of people who become infected by an infectious person. If R_t is above 1.0, the virus will spread quickly. When R_t is below 1.0, the virus will stop spreading. Learn More.

See details about the spread in **Hawaii** | Data Last Updated: 8/24 at 5:16AM

Latest | 2 Weeks Ago | 1 Month Ago | 2 Months Ago | 3 Months Ago | Filter





https://rt.live/ accessed 08.24.2020

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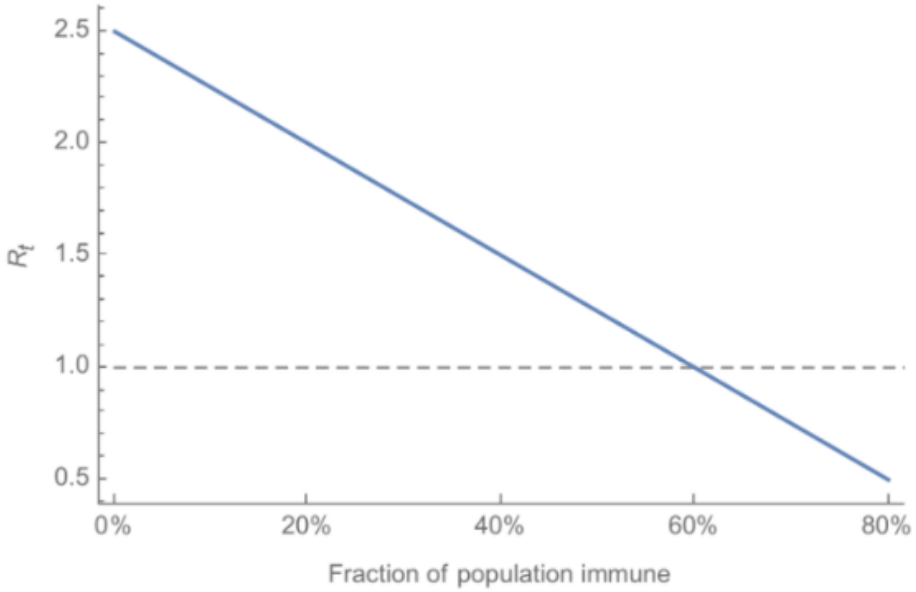
Classic conception of population immunity and effect on transmission

$$R_t = R_0 \times \frac{S}{N}$$



https://bedford.io/talks/ncov-immunity-ucsf-grand-rounds/#/1

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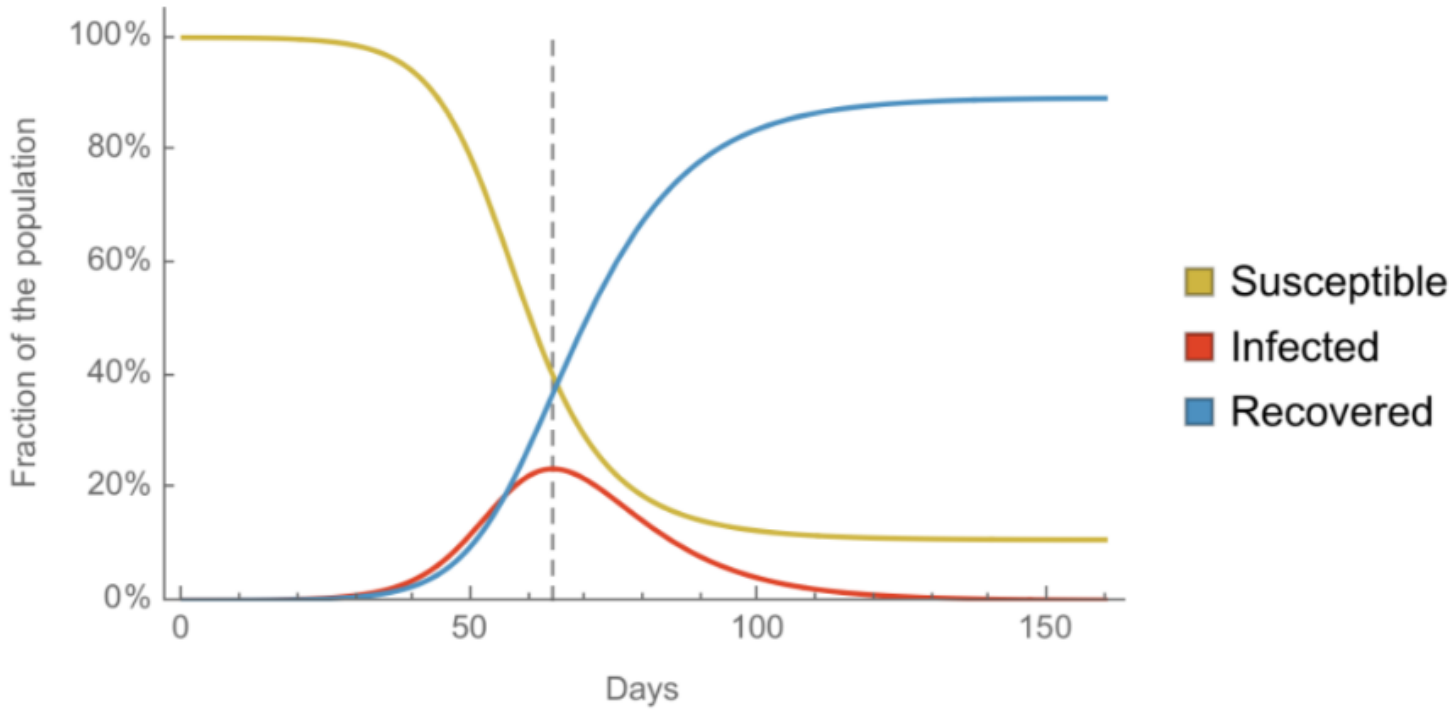
Classically epidemic breaks when R_t drops below 1 due to susceptible depletion



https://bedford.io/talks/ncov-immunity-ucsf-grand-rounds/#/2

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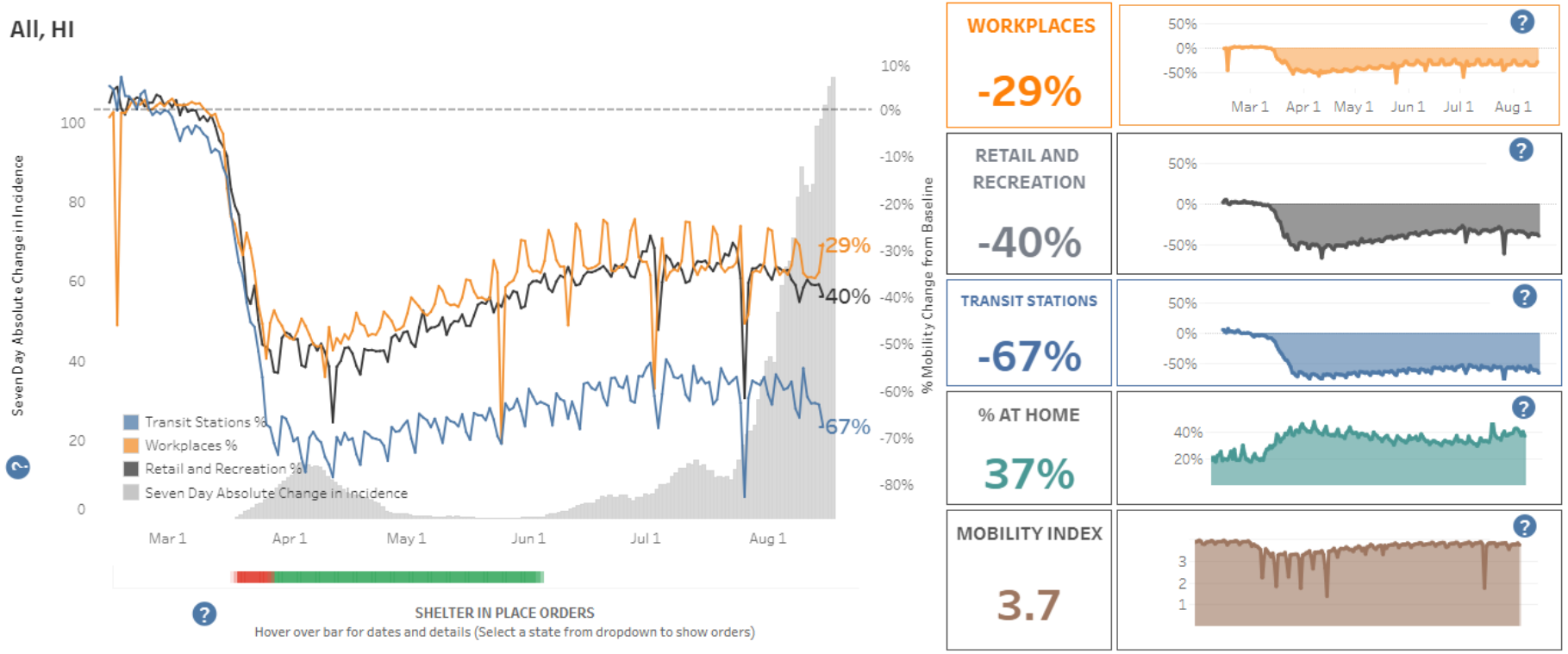
Behavior Change and Incidence



https://www.cdc.gov/covid-data-tracker/index.html#mobility accessed 08.23.20

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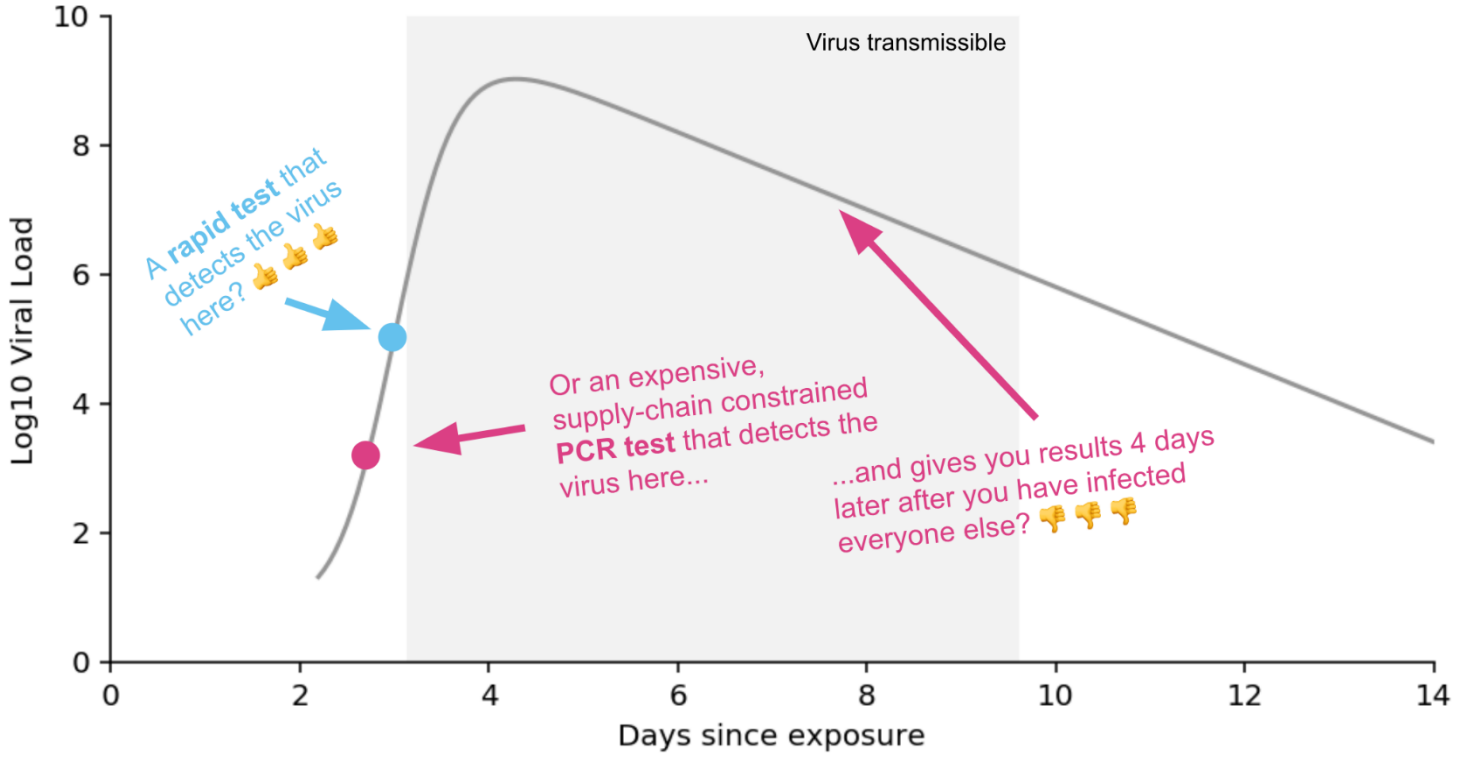
Rapid Tests vs PCR

Which type of test is better for routine monitoring?



Viral load estimates and test sensitivities from Larremore, 2020
https://www.medrxiv.org/content/10.1101/2020.06.22.20136309v2.full.pdf

https://blogs.jwatch.org/hiv-id-observations/index.php/rapid-home-testing-for-contagious-covid-19-how-to-make-it-happen/2020/08/09/ Paul Sax, MD

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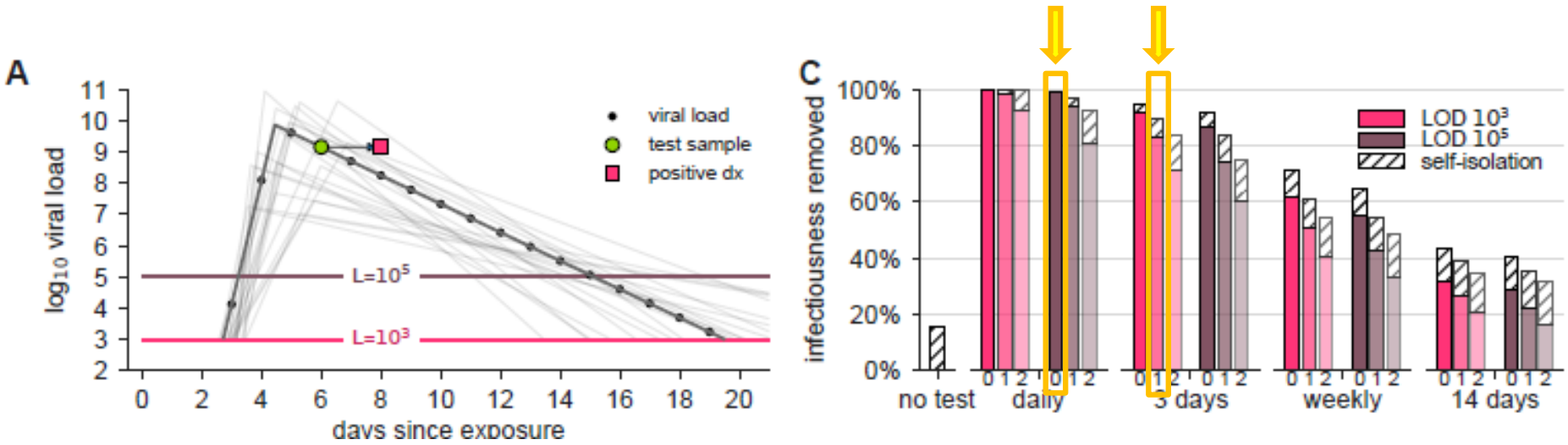
Test Sensitivity is Secondary to Frequency



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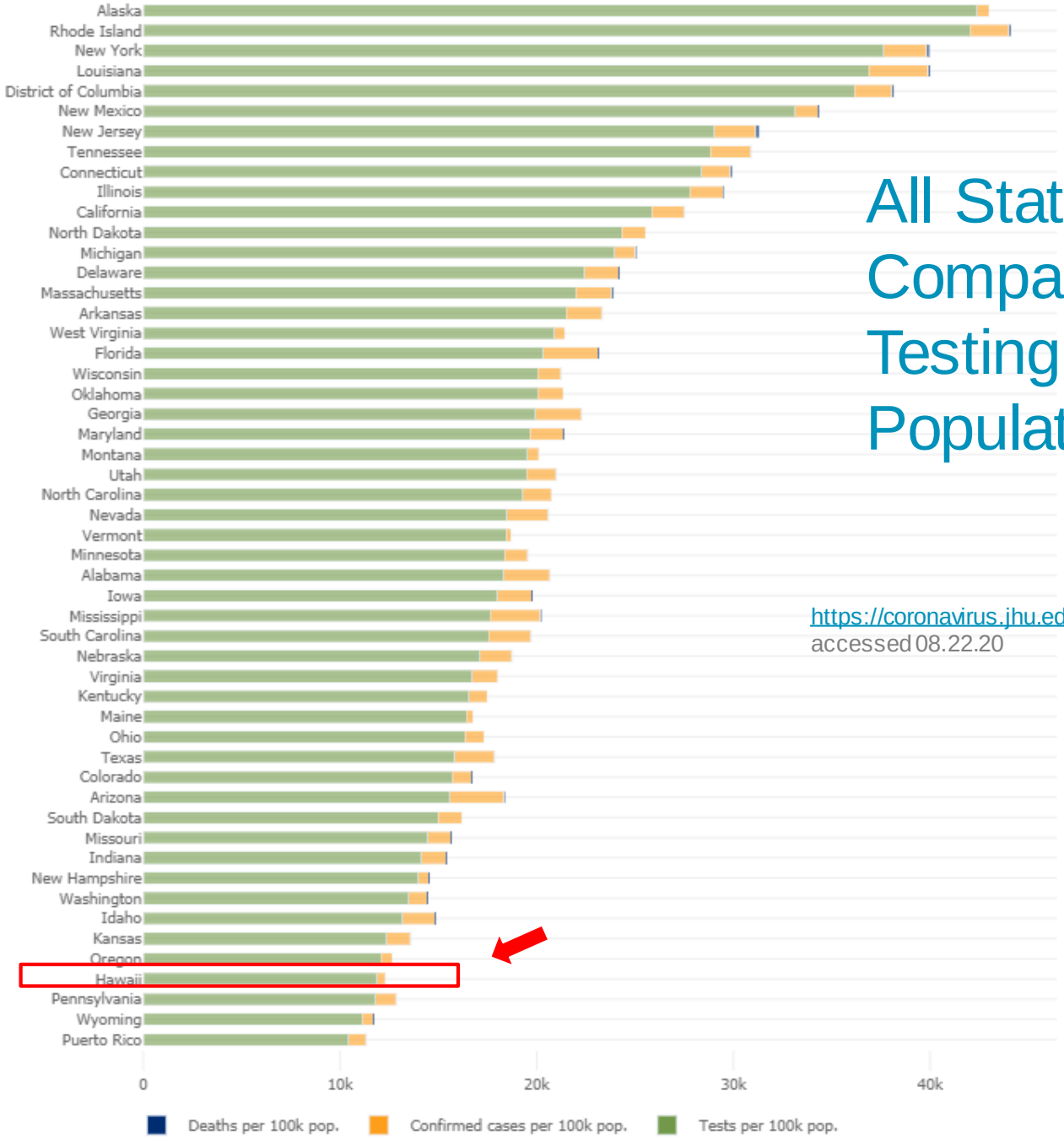

All State Comparison of Testing Totals by Population

https://coronavirus.jhu.edu/testing/states-comparison
accessed 08.22.20

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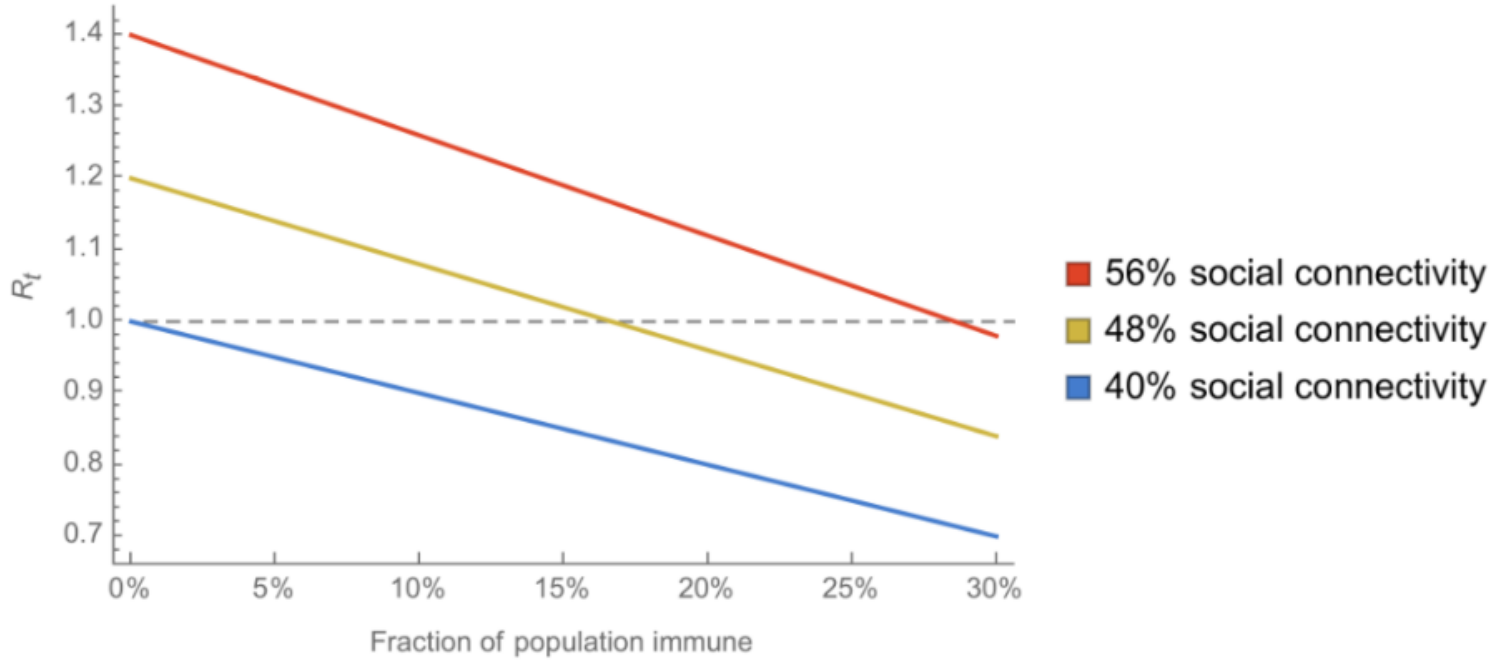
R_t depends on both societal behavior and population immunity

$$R_t = R_0 \times \alpha \times \frac{S}{N}$$



Trevor Bedford, University of Washington
https://bedford.io/talks/ncov-immunity-ucsf-grand-rounds/#/10

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COVID-19 Scenario Examples

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Definitions

- **Close contact:** less than 6 feet, more than 15 min
- **Exposure:** close contact with a Covid+ person
- **Secondary exposure:** close contact with someone in close contact with a Covid+ person
- **Social/physical distancing:** no close contact
- **Isolation:** maintaining distance from others due to illness symptoms
- **Quarantine:** staying confined to home/living space due to exposure

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Scenario #1

- Your staff member's spouse is currently in quarantine for 14 days because spouse works with a co-worker who tested positive.

Guideline:

Contacts of a person in contact with a COVID+ person do not need to quarantine, unless their contact also tests positive.

- Does your staff member also quarantine? NO
- Does your staff need to be tested?
  If spouse is positive, it may help in management

Scenario #2

- Employee 1 has been in close contact with a co-worker 2 (who is asymptomatic) who lives with a COVID + person in self isolation.

Guideline:

Contacts of a person in contact with a COVID+ person do not need to quarantine, unless their contact also tests positive.

  - Can the employee go back to work or do they have to quarantine and/or get tested? Employee 1 can work, but co-worker 2 should be quarantined.

Scenario #3

- A floral shop worker (your patient) works in the same area as a worker who received Covid+ results today.
  - They work >6 feet apart but walk past each other in the work area frequently
  - They eat lunch together
  - They all wear masks
  - The shop was cleaned 3 days ago and is temporarily closed.

Guideline:

Direct contact of a COVID+ must quarantine for 14 days

- Who needs to be tested and/or quarantined and for how long? All who are in "close contact"
- When do you test? 7 days or sooner with symptoms
- When would it be okay to re-open and have people return to work? Once contacts are all identified

Scenario #4

- At the time of service at the hair salon, the client and employee were wearing masks (and employee wearing face shield). However, the client gets sick later that day, and reports a positive test result the next day.

Guideline:

CDC only recognizes value of PPE if worn by HCW.
Employee is direct contact so must quarantine. Test at day 7.
Cleaning of surfaces should be done.

- Does the employee have to be out of work/quarantine? YES
- Does the employee need to be tested? Not required, (but helpful in management)
- Does the place of service need to temporarily close? NO

Scenario #5

- An employee at a retail store was training another employee the day before the trainee felt sick, (and proceeded to test positive for COVID-19 the day after training). Both were wearing mask at the time of training.

Guideline:

Deep cleaning value is unclear.
Circumstances of trainer/trainee contact must be explored. Trainer may need to quarantine for 14 days and potentially get tested.

- Does the store need to close and deep clean? NO
- Does the trainer have to be tested? Must explore details of the interaction to know (6 feet, >15 minutes)
- How long should the trainer quarantine? If needed, 14 days

Scenario #6

- Your patient (employee) works in a bank office but does not have contact with customers. Her mother, who lives with the employee and is well, had repeated close contact with Covid+ positive uncle. Mother tested negative 3 days after most recent contact with uncle.

Guideline:

Asymptomatic close contacts testing negative should self-quarantine for 14 days from their last exposure

- Does the mother need to quarantine? Yes
- Should the mother be tested again? IF retested at 7 days and positive, it changes to 10 day (minimum) isolation from the specimen collection.
- Does the employee (your patient) need to be tested? Quarantine? Depends on mother's results (if possible, should separate from mother)

Scenario #7

- Your patient's caregiver came over to the house 5 days ago to help patient and was asymptomatic. Caregiver took a test today and was positive.

Guideline:

Contact is considered 2 days prior to either symptoms onset or collection date of positive test.

  - Does your patient need to be tested? NO

  - Does the family of the patient all have to quarantine and be tested? NO

Scenario #8

- A patient turned positive 3 days after admission to the hospital and lives with a roommate. Both are clients of a caregiver. Caregiver is without symptoms. Caregiver is 45 yrs old and healthy.

Guidelines:

- Close contact within 2 days of symptoms need testing.
- Testing is recommended for all close contacts of confirmed or probable COVID-19 patients. Asymptomatic contacts testing negative should self-quarantine for 14 days from their last exposure
- If testing is not available, symptomatic close contacts should self-isolate
- If testing is not available, asymptomatic close contacts should self-quarantine and be monitored for 14 days after their last exposure

  - Does the caregiver have to quarantine for 14 days? No
  - Does the caregiver need to be tested? No
  - Can the caregiver still take care of the other client? Yes

Contact tracing should be conducted by the hospital.

Scenario #9

- Your patient's workplace tested everyone. Your patient is asymptomatic and was never sick but tested positive.

Guideline:

Isolation (not quarantine) for at least 10 days. If any symptom, must be fever free at least 24 hours without antipyretics, improving symptoms (if any). Different rules for severely immunocompromised pts.

  - Does your patient have to quarantine? And if so, for how long? Patient must isolate for at least 10 days from specimen collection date.

Scenario #10

- You find out that your MA tested positive for COVID-19.

Guideline:

Close contacts of COVID+ must quarantine for 14 days (if contact is not ongoing)

- What should you do? Understand the details
- Who needs to get tested? Close contacts
- Who needs to quarantine? MA needs to isolate and close contacts quarantine

Q&A

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HHP Member Satisfaction Survey

- Link to survey will be emailed to HHP members at 6:30pm from Info@hawaiihealthpartners.org via SurveyMonkey

- No email? Contact us at Info@hawaiihealthpartners.org

- Survey closes *tomorrow* (Tuesday - 08/25/20) at 11:59pm!

Thank you!

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

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