

CoVid-19 Update for Physicians

Jeffrey Jackson, MD, CQO Houston Methodist Sugar Land

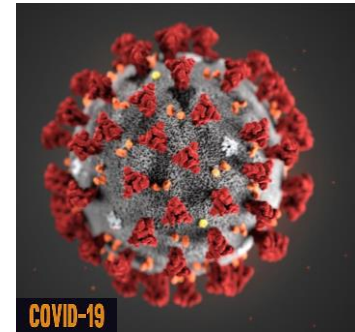
Rob Phillips, MD, PhD, Chief Physician Executive, Houston Methodist

March 10th, 2020

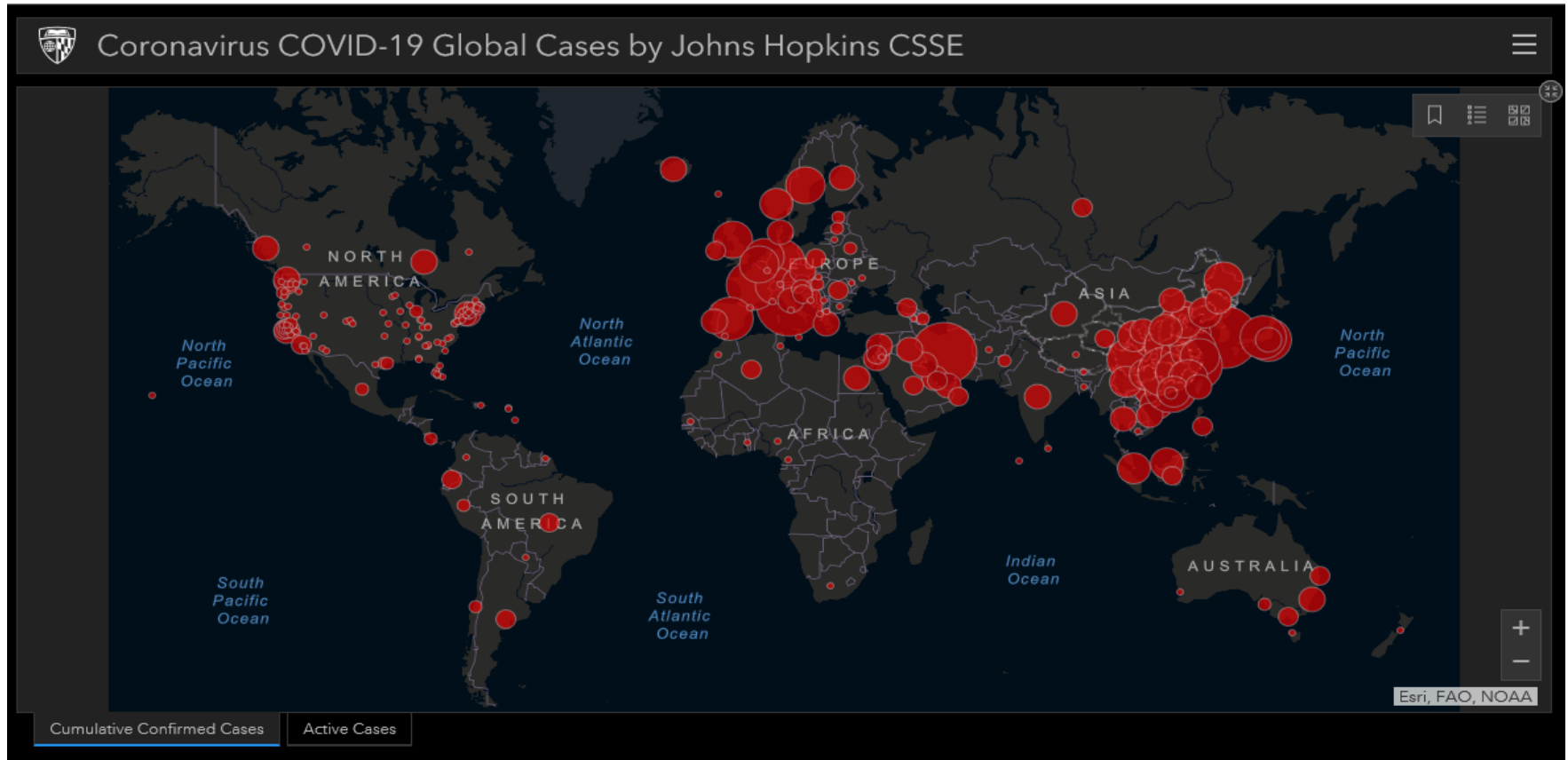
COVID-19 RESPONSE PLAN

Situation:

- On 31 December 2019, WHO was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China.
- The coronavirus (COVID-2019) was identified as the causal agent on January 7th
- As of 3/10/20, 113,702 cases have been confirmed world wide
- Of the total cases 80,924 were identified in mainland China
- 111 other countries and territories reported cases, some related to transmission
- Cases in the US
 - 647 cases identified in the US – Some related to community transmission
 - 49 cases repatriated to the US – 3 from Wuhan, 46 from Japan
 - 36 cases person-to-person spread
 - 528 additional cases of Persons Under Investigation (PUI) in the US
 - 36 Jurisdictions reporting cases (including District of Columbia)
 - 25 related deaths
- Sustained transmission in China, South Korea, Iran, and Italy – Other countries are now experiencing community transmission including US



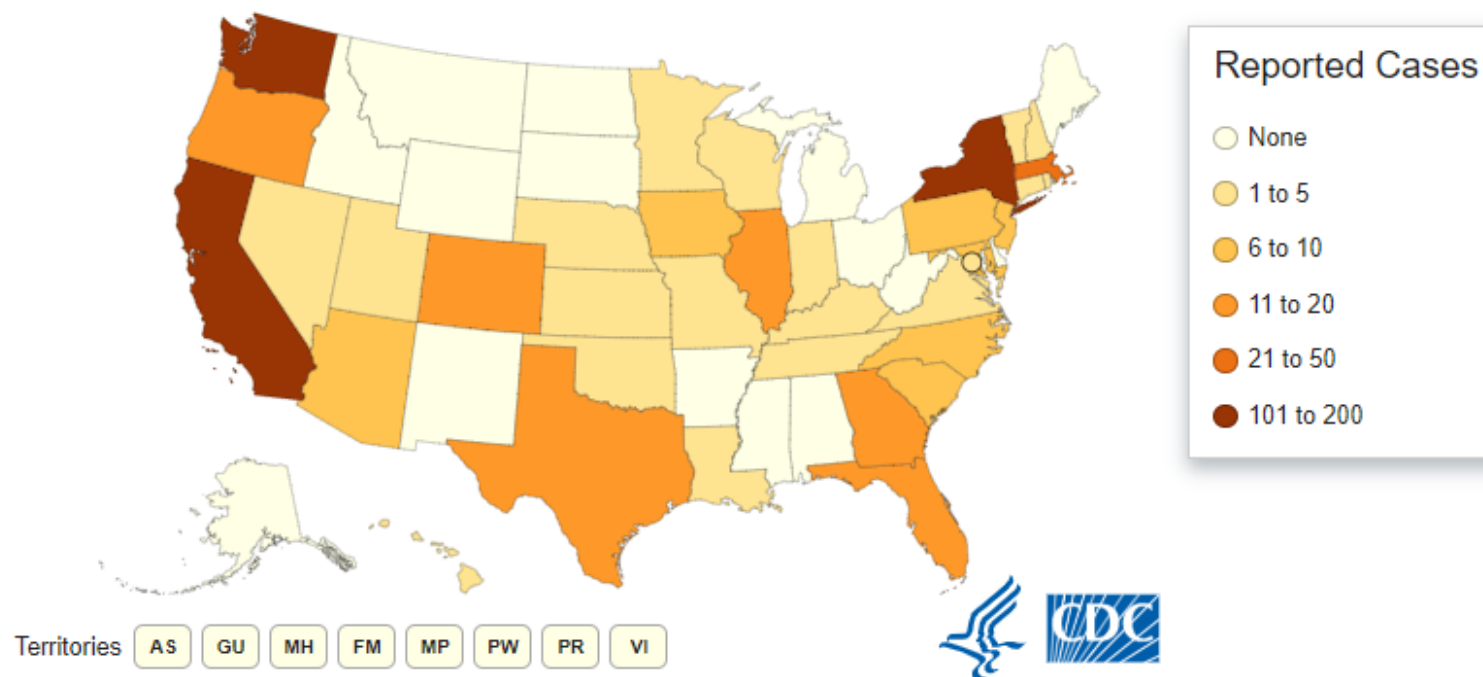
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Updated 03/09/2020 HM System IP&C

CURRENT SITUATION

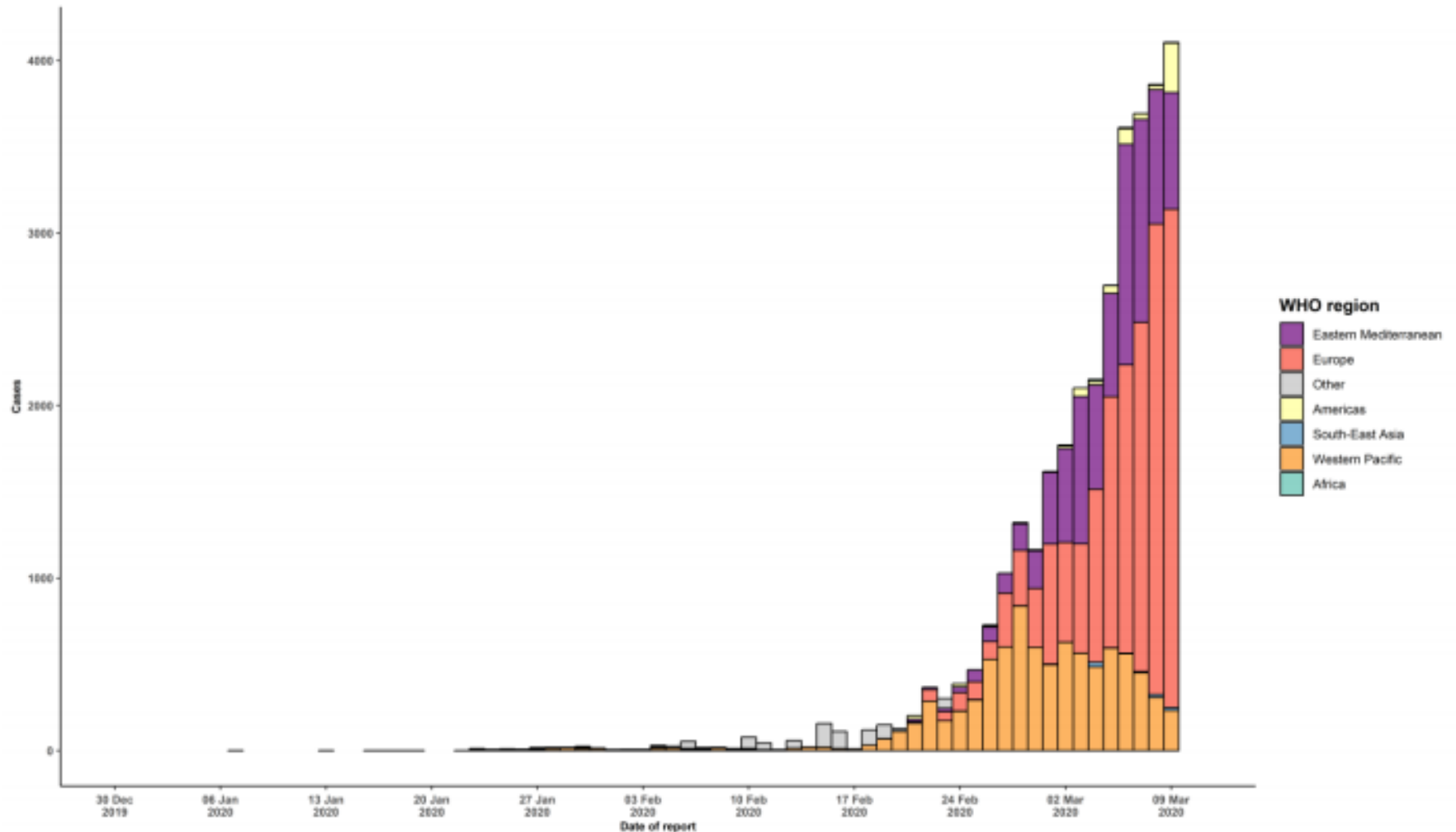
States Reporting Cases of COVID-19 to CDC*



Updated 03/09/2020 HM System IP&C

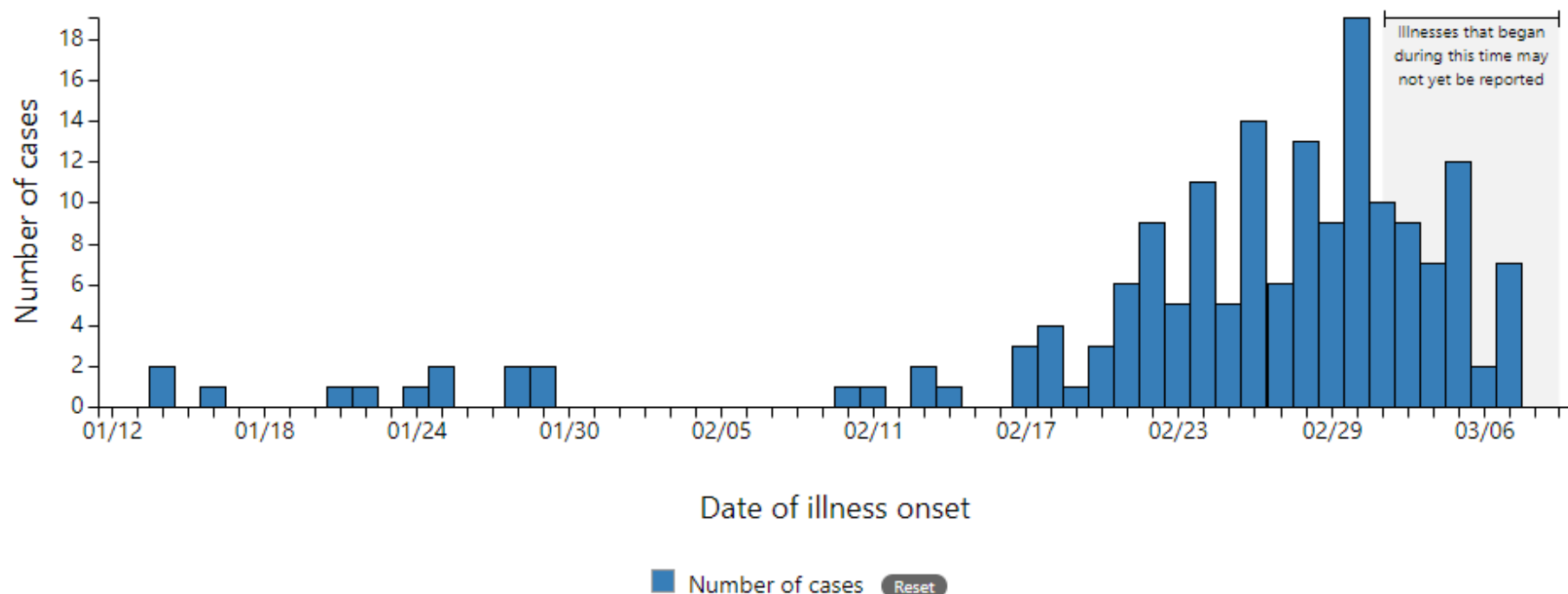
CURRENT SITUATION

Figure 2. Epidemic curve of confirmed COVID-19 cases reported outside of China ($n=32\,778$), by date of report and WHO region through 10 March 2020



CURRENT SITUATION

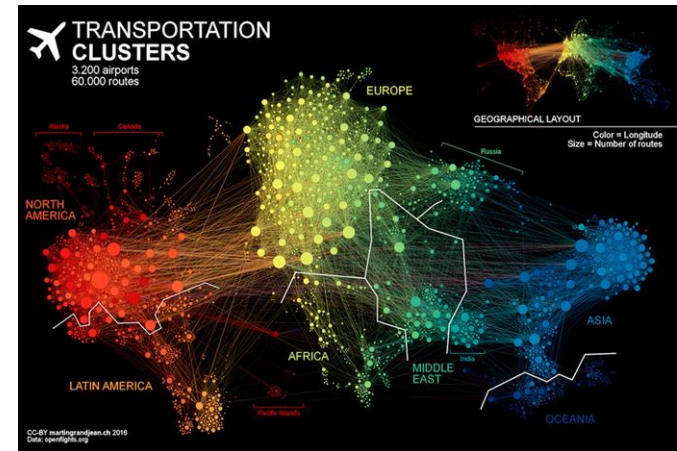
COVID-19 cases in the United States by date of illness onset, January 12, 2020, to March 9, 2020, at 4pm ET (n=172)**



COVID-19 RESPONSE PLAN

Background:

- Coronaviruses (CoV) - large family of viruses that cause illness ranging from the common cold to more severe diseases
 - 4 strains of seasonal coronaviruses (tested at HM lab) circulate in the fall, winter, and occasionally in the spring
 - Other coronaviruses (only tested by CDC)
 - SARS-CoV first identified in China (2002-2003)
 - MERS-CoV first identified in Saudi Arabia (2012- present)
 - COVID-19 first identified in China (Dec 2019 – present)



Believed
to have
animal
origins

COVID-19 RESPONSE PLAN

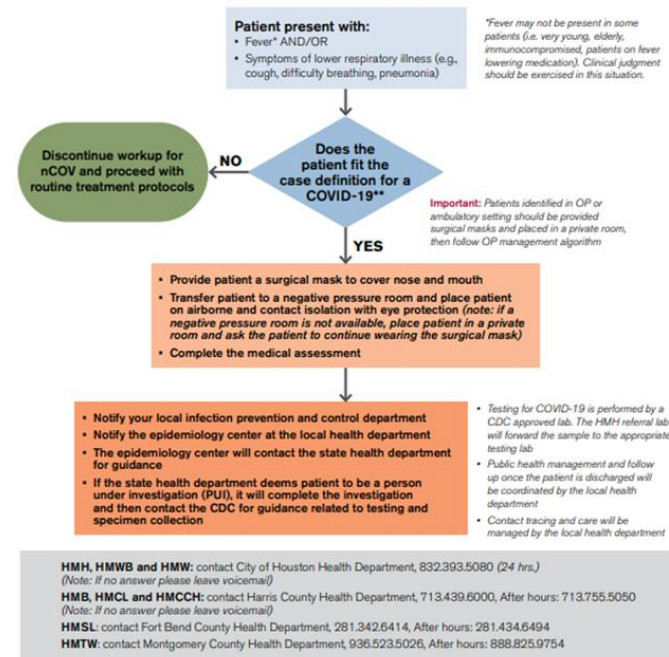
Response:

- Communication with all relevant stakeholders
 - CNOs, CQOs, CEOs, OA, ED directors, IPs, supply chain, PO leadership, etc.
- Developed protocols for screening at all points of entry – distributed tool kit (algorithms, guides, and forms)
- Monitor alerts and communications from reliable sources (WHO, CDC, HAN alerts, etc.)
- Prompt response to changes in conditions
- On-call IC resources to address concerns (hospital and system)
- Collaboration with public health authorities (local, state, and CDC)
- Monitor PPE supplies and engaging vendors as necessary

Triage of Patient Suspected of Having Novel Coronavirus (COVID-19)

**COVID-19 Case definition:

- Fever* and/or lower respiratory symptoms AND one of the following:
 - Travel history to affected geographical areas within 14 days of symptoms onset
 - **Affected geographical areas (02/28/2020):** China, South Korea, Italy, Iran, Japan
 - Had contact with a suspected or confirmed COVID-19 patient within 14 days of symptoms onset
 - Clinician determines patient has signs and symptoms compatible with COVID-19 and should be tested



Version: COVID-19 Triage_20200305a

COVID-19 INFORMATION

HMSL Intranet Page

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Houston Methodist Sugar Land Hospital

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Select from list, click "go"

MARS

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News & Announcements

COVID-19 Preparedness and Response

Click [here](#) to review Houston Methodist guidelines for preparedness and response to the 2019 novel coronavirus outbreak.

Protect your patients and yourself.....

Use alcohol hand sanitizer or soap and water. Rub the gel onto all surfaces of your hands and allow to dry. **Remember:**
"Gel-in and Gel-out"



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COVID-19 Resources for Employees

Houston Methodist has created a special hotline number for physicians and employees who have urgent or general questions related to COVID-19. The hotline number is 346.356.2222. You may also email your questions to askCOVID@houstonmethodist.org. Learn how to protect yourself and your patients from the virus. We will continue to provide ongoing updates.

Employee International Travel Questionnaire

Frequently Asked Questions

Triage of Suspected Patient

Personal Protective Equipment

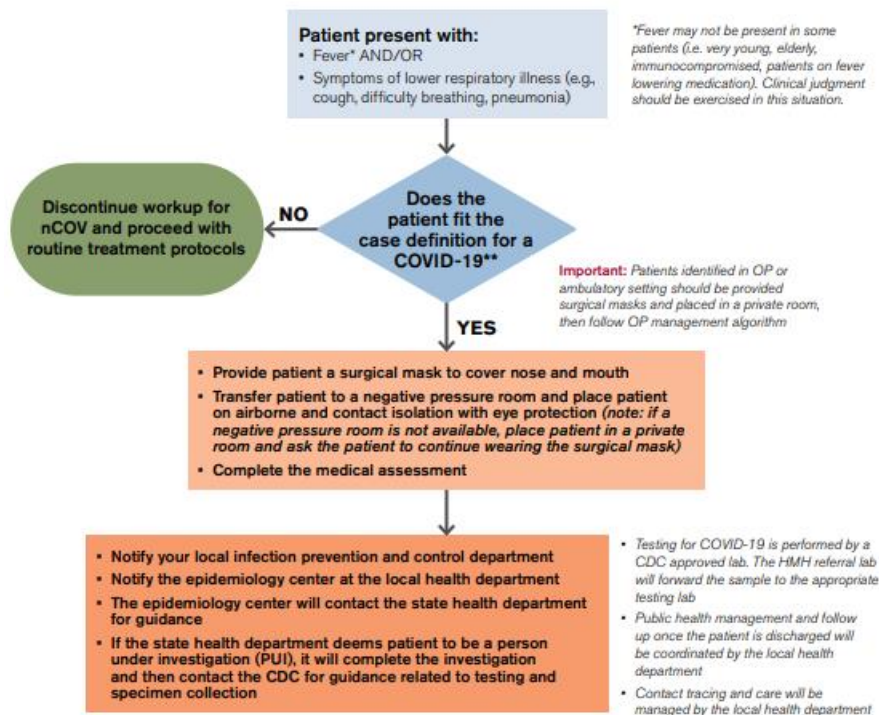
HM COVID-19 PROCESSES

HM Intranet – Triage of Suspected CoVid-19 Cases

Triage of Patient Suspected of Having Novel Coronavirus (COVID-19)

**COVID-19 Case definition:

- Fever* and/or lower respiratory symptoms **AND one of the following:**
 - Travel history to affected geographical areas within 14 days of symptoms onset
 - Affected geographical areas (02/28/2020):** China, South Korea, Italy, Iran, Japan
 - Had contact with a suspected or confirmed COVID-19 patient within 14 days of symptoms onset
 - Clinician determines patient has signs and symptoms compatible with COVID-19 and should be tested



HMH, HMWB and HMW: contact City of Houston Health Department, 832.393.5080 (24 hrs.)
(Note: If no answer please leave voicemail)

HMB, HMCL and HMCCH: contact Harris County Health Department, 713.439.6000, After hours: 713.755.5050
(Note: If no answer please leave voicemail)

HMSL: contact Fort Bend County Health Department, 281.342.6414, After hours: 281.434.6494

HTMW: contact Montgomery County Health Department, 936.523.5026, After hours: 888.825.9754

HM COVID-19 PROCESSES

HM Intranet – ED & OutPt. Mgmt. of Suspected CoVid-19 Cases

Management of Patients Suspected of Having Novel Coronavirus (COVID-19)

Patient seen in the ED meets CDC case definition for PUI

ED charge nurse contact OA and resume patient care with appropriate PPE

OA:

- Obtain relevant patient information (i.e. travel hx, symptoms, comorbidities)
- Contact the local infection control department
- Host a call with local public health to include MD and ED charge nurse

MD:

- Notify medical director
- Provide supportive care as needed for symptom management
- Notify OA once decision is made to admit or discharge patient

Did the CDC deem the patient to be a PUI?

NO
Discontinue workup for nCoV and proceed with routine treatment protocols

OA:

- Obtain CDC PUI number from the public health representative
- Obtain contact information for the public health representative
- Notify the ED charge nurse and the MD
- Notify the hospital EOC and the media representative on call
- Maintain communication with public health rep regarding pt. disposition

ED charge nurse and MD:

- Notify nurse caring for the patient and help obtain the proper samples for testing
 - Collect a nasopharyngeal swab for flu antigen reflex to RPP testing and obtain an EPIC order. Send sample immediately to lab for testing. **Do not use pneumatic tube system to send sample to lab**
 - Collect a nasopharyngeal swab, oropharyngeal swab, and sputum sample (if available) for COVID-19 testing (refer to the sample collection and handling guide), and complete required CDC and the City of Houston Health Department forms. Send samples on ice to the HMMH referral lab if patient seen at HMMH. If patient is at another HM facility send samples to the local hospital lab. The local hospital lab will forward samples to the HMMH referral lab.
- Gather a list of hospital employees who came in contact with the patient before and after initiation of isolation
- Notify the OA when samples have been sent to lab

HMMH referral lab tech in charge:

- Ensure samples are packaged for shipping according to regulatory requirements and instructions received from the state health department
- Notify your local health department once samples are packaged and ready for shipping (refer to health department instructions)
- Notify OA once the samples have been received at the City of Houston Health Department laboratory
- Maintain documentation of shipping information

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HMTW: contact Montgomery County Health Department, 936.523.5026, After hours: 888.825.9754

Management of Patients Suspected of Having Novel Coronavirus (COVID-19) in Outpatient Settings

****COVID-19 Case definition:**

- Fever* and/or lower respiratory symptoms AND one of the following:
 - Travel history to affected geographical areas within 14 days of symptoms onset
 - Affected geographical areas (02/28/2020):** China, South Korea, Italy, Iran, Japan
 - Had contact with a suspected or confirmed COVID-19 patient within 14 days of symptoms onset
 - Clinician determines patient has signs and symptoms compatible with COVID-19 and should be tested

*Fever may not be present in some patients (i.e. very young, elderly, immunocompromised, patients on fever lowering medication). Clinical judgment should be exercised in this situation.

Patient present with Fever* AND Symptoms of lower respiratory illness (e.g., cough, difficulty breathing, pneumonia)

- Provide patient a surgical mask to cover nose and mouth
- Obtain travel and/or exposure history (see case definition**)

Does the patient meet case definition?

NO
Discontinue workup for nCoV and proceed with routine treatment protocols

- YES**
- Place patient in private room with door closed
 - Contact the infection control department and provide relevant patient information (i.e. symptoms, travel history)
 - If at an OP department of the hospital contact the local infection control department
 - If at a PO clinic contact the system infection control department at 281.414.4879
 - Infection control will contact public health to discuss case and determine if case definition is met

Was the patient deemed to be a PUI by public health and the CDC?

NO
Discontinue workup for nCoV and proceed with routine treatment protocols

- YES**
- Keep the patient in a private room
 - Request that the patient continue to wear the mask

Is the patient in a location in or attached to a HM hospital?

- NO**
- Keep the patient in a private room
 - Request that the patient continue to wear the mask
 - Contact the closest HM hospital ED and notify of impending patient transfer
 - Arrange for the patient to be transported to the closest HM Hospital ED by EMS
 - Collect a list of employees who have come in contact with the patient before and after placing the patient in private room. Provide copy to employee health

- YES**
- Contact the local HM ED and notify of impending patient transfer
 - Arrange for the patient to be transported to the ED while masked
 - When entering the room the transporter should wear an N95 mask. The mask should be discarded when exiting the room
 - The patient must wear a surgical mask during transport through the hospital to the ED
 - Collect a list of employees who have come in contact with the patient before and after placing the patient in private room. Provide copy to employee health

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Challenges:

- Fluid situation with daily changes
 - Monitoring alerts and reliable sources
- Unanticipated shortages of PPE supplies (N95 masks)
 - Monitoring inventory on a daily basis and collaborating with Supply chain
 - Plan for sustainable alternative to N95 masks (PAPRs) – 100 PAPRs have been ordered
- Staff concerns due to unawareness related to differences between seasonal coronaviruses and COVID-19
 - Communication sent to all clinical staff to quell concerns
 - Need to communicate with staff regarding utilization of surgical masks
- Public fears related to COVID-19 (worried well)
 - IC staff (system and hospital based) available to address concerns from MDs, staff, or departments
- Readiness for surge
 - Preparing HMCC for activation – contingency plan

DONNING/DOFFING PPE

COVID-19 PPE DONNING PROCEDURE

Also applies to donning PPE before care of any patient on airborne and contact isolation

1. Gather and Stage Supplies

- Obtain all necessary PPEs and stage the supplies on a clean surface.
- The following is a list of PPE in the sequence they are intended for donning:
 - Isolation Gown
 - Fit Tested N-95 Mask
 - Gloves
 - Full length face shield
 - Disinfectant Wipes



2. Hand Hygiene

Perform Hand Hygiene
(i.e. alcohol hand gel or soap and water).



3. Don blue Isolation Gown

- The isolation gown should be tied in the back to avoid cross contamination during doffing. Do not tie the gown in the front.
- The gown should fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.



4. Don Gloves

- The purpose is to ensure New or Re-used N95 mask is kept clean for the next use.
- Gloves should not be too tight or too loose. Tight gloves could potentially tear and loose gloves will hinder your ability perform certain patient care tasks and may come loose.



5. Don Fit-Tested N95 Mask

- Don an N95 mask for which type you have been fitted.
- Start by placing the mask around your mouth and nose with one hand while moving the top strap around the back of your head with your other hand.
- Keep holding the mask around your mouth and nose and move the bottom strap above your head and around the neck.
- Using your thumb and index finger pinch the metal bar around the top of your nose.



6. Perform Seal Check

Make sure you are comfortable wearing the mask and you have a good seal.



7. Remove gloves, perform hand hygiene, and don new gloves

8. Don Face shield

- Place the face shield on and ensure the harness is securely positioned around the forehead and the back of the head
- Adjust the knobs on the back and side of the device to ensure a secure fit



9. You may now enter the patient's room –

Note: please remember to close the door immediately after entering the room to maintain negative pressure. Transmission based precautions must be applied in conjunction with standard precautions.

COVID-19 PPE DOFFING PROCEDURE

Also applies to doffing PPE after care of any patient on airborne and contact isolation

1. Doff Isolation Gown & Gloves

- Grab isolation gown at the chest and pull forward.
- Grab isolation gown at the waist and pull forward.
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and inside of the gown with your bare hands. Place the gown and gloves into a waste container.
- Perform hand hygiene.



2. Doff Face Shield

- Lean slightly forward and remove the face shield by grasping the sides and lifting up and away from the head. Place the face shield on a clean surface.
- Perform hand hygiene.



3. Doff Mask

- First, tilt your head forward.
- Then, use two hands to grab the bottom strap, pull to the sides, then over your head.
- Next, use both hands to grab the upper strap, pull to the sides, then over your head.
- Keep tension on the upper strap as you remove it, which will let the mask fall forward.
- Place mask on a clean surface.
- Perform hand hygiene.



4. Mark & Store Mask

- Label the use # on the N95 mask.
- Label a Ziploc bag with Staff name, and patient room number.
- Store N95 mask in a Ziploc bag.
- Ziploc bag must be open to air to allow the mask to dry.
- Discard N95 Mask and Ziploc bag when indicated.
- Refer to Discard Criteria below for more information.



Maintenance of Face Shield

- Perform hand hygiene and don clean gloves.
- Disinfection of Face Shield: Immediately after use of the face shield, use hospital approved disinfectant wipes in the following order **(use a separate wipe for each step)**:
 - Wipe the exterior shield
 - Wipe the harness
 - Wipe the interior shield
- Store Face Shield on a clean surface.

DISCARD N95 MASK IF ANY OF THE FOLLOWING OCCUR:

- Halyard Fluidshield® branded N95 masks must be single use.
- Discard after use during aerosol generating procedures.
- Discard if the N95 Mask becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- The mask may only be used up to 5 times unless one of the above specification occur first.

- Primary Barrier to Person-to-Person Spread – Excellent Hand Hygiene
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- **Primary Barrier to Person-to-Person Spread – Excellent Hand Hygiene !!!**
- Wearing Standard Surgical Mask Use Discouraged
 - Standard surgical masks provide no protection to the wearer
 - Standard surgical masks should only be worn if the wearer is coughing, to prevent spread to others
 - Otherwise mask use sends the wrong message to patients, families, and employees
- N-95 Usage Guidelines
 - Staff directly involved with Airborne Isolation patients
 - Must be fitted to wearer
 - PUI or confirmed case given standard surgical mask
 - N-95 may be used 5 times (re-used 4 times), labeled, dated in open plastic bag – If not wet or soiled, damaged, or difficult to breath through

VISITORS POLICY @ HMSL

Houston Methodist HEALTH CARE NOTICE

NEW COVID-19 VISITOR POLICY

To protect our patients and caregivers as COVID-19 continues to spread, we ask that you please:

- **Limit your visitors to two at a time when possible***
- **Refrain from inviting visitors under the age of 18**

**If you are placed in isolation, we will ask you to limit to one visitor during your stay.*

We apologize for any inconvenience this may cause, but thank you for your understanding as we stay committed to keeping you, your loved ones and your community as safe as possible.

Limit of 2 visitors for Med/Surg and Outpatients
Limit of 1 visitor for ICU
No visitors under age 18

QUESTIONS?

PLEASE EMAIL QUESTIONS TO:

askCOVID askCOVID@houstonmethodist.org

HM CoVid-19 Hotline:

346.356.2222

Questions ?

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