COVID-19: WHAT ARE PEDIATRIC PRACTICES DOING DIFFERENTLY?

MONDAY, MARCH 6, 2020
Speakers

**Dr. Ruth Lynfield** is State Epidemiologist and Medical Director at the *Minnesota Department of Health*. She is a member of the AAP Committee on Infectious Diseases and an Associate Editor of Red Book.

**Dr. Laura Ringuette** has been at *Hennepin Healthcare* for 3 years and has been the medical director for the past 2 years. She sees patients at the downtown clinic and specialty center.

**Dr. Emily Chapman** is the Chief Medical Officer and Vice President of Medical Affairs for *Children's Minnesota* overseeing Quality and Safety, Education and Research, and supporting the Children's employed and independent clinicians of the Professional Staff. She is currently serving as Co-Incident Commander for Children's Minnesota, leading their response to COVID-19.

**Dr. Katie Smentek** is a general pediatrician and board member at the *Mankato Clinic*. She is a Mankato native and has been practicing for 15 years.

**Dr. Marcie Billings** is chair of the Division of Community Pediatric & Adolescent Medicine at *Mayo Clinic*. She also serves as an assistant professor of pediatrics at Mayo Clinic College of Medicine.
Situation Update: Minnesota

- Total deaths: 30
- Hospitalization:
  - Total cases requiring hospitalization: 223
    - Hospitalized as of today: 115
    - Hospitalized in ICU as of today: 57
- Confirmed Cases: 986
- Released From Isolation: 470
- Deceased: 30
COVID 19 and the Pediatric Clinic

How we are caring for our patients during COVID 19
Clinic is different….

Essential Well visits
newborn, 2month, 4month, 6month,
12month and 15month

Acute non-respiratory illness

Respiratory illness- Viral Screening Clinic

Telephone visits

Virtual (Video) visits
Additional Outpatient Care

Home visits on selected medically complex high-risk patients

Outreach to medical home and patients with complex medical and social needs.
CHILDREN’S MINNESOTA
Changes to operations

• Principles:
  • Preservation of PPE
  • Protecting vulnerable patients
  • Respecting social distancing/shelter in place
    • For patients and staff
• Essential looks different
  • Oncology
  • Radiology
  • Rehab therapies
  • Well-child visits
Execution

• Cohorting
  • Space
  • Time

• Transition to tele-option
  • Limited experience “direct to consumer”
  • Specialty services more mature at baseline
  • Range from behavioral health to physical therapy
  • Staff alternating site and role

• Drive up immunization option
Mankato Clinic’s COVID Care Delivery

Katie Smentek, MN
Mankato Clinic Pediatrician

April 6, 2020
COVID-19 Hotline and Testing

• 150 Tested in the 3 tent days

• Total tested as of 3/31 = 268
• 6 positives so far
• Currently testing Priority 3 patients
• Tests are being run at Mayo

Not feeling well? Call the:
COVID-19 Hotline
507-389-8548
Respiratory Clinic

• March 19 - ongoing
• ALL patients throughout all our departments are sent here if symptomatic
• 2 Family Practice Doctors
• Averaging 11-50 patients per day
• Access to lab, x-ray, US, IVF
Telehealth via Bluestream Health

• Finding a variety of uses
• Including Urgent care and those triaged from Hotline
• Integrated Behavioral Health/Mental Health
• FAQs on our website http://www.mankatoclinic.com/Telehealth%20visits:%20FAQs
Pediatric Clinic Adaptations

- Evaluated schedules
- Continuing to see WCCs for 2 and under and any new consults in the morning
- Any non-febrile non-respiratory urgent visits are done in the afternoon
- Masks and eye protection for staff
- Plexiglass at scheduling
Additional Clinic Actions

• Staff education and communication with a daily Podcast
• Surge planning with our local hospital
• Communication with our Legislators and the Governor’s office
• Engage the community
Mayo Clinic
COVID-19 Ambulatory Response

Marcie L. Billings, MD
Chair, Division of Community Pediatric & Adolescent Medicine
Department of Pediatric & Adolescent Medicine, Mayo Clinic, Rochester, MN
MN AAP Webinar April 6, 2020
Ambulatory: Well Child Care (WCC)

- Focus on primary immunizations and keeping kids up to date !!!
- Newborn WCC
  - Face-to-Face (F2F) visits
  - Special clinic location or early a.m./special room or hall location
- 2 month through 5 year WCC
  - Virtual visits (phone or video visit) by provider; may consider F2F if deemed Urgent
  - All screening done virtually via nursing (work in progress)
  - Clinic nurse visit for immunizations/growth parameters
- ≥ 6 year
  - Virtual visits (phone or video visit) by provider; may consider F2F if deemed Urgent
  - May defer out a few months if no concerns, healthy and UTD on immunizations
  - Focus on CSHCN and those with concerns, ongoing needs
**Ambulatory: Acute/Chronic/Return Visits & Subspecialty Care**

- **Acute Care:**
  - Respiratory/COVID vs Non-Respiratory/COVID
    - Special clinic locations for Respiratory/COVID symptoms/patients and testing
    - Virtual visits first
    - F2F visits after virtual if deemed Urgent

- **Chronic Care/Return Visits:**
  - Virtual visit initially; may consider F2F if deemed Urgent

- **Subspecialty Visits:**
  - Mayo Clinic F2F care remains limited to Urgent needs; Mayo Clinic is open to all other care needs through Telehealth.
  - All currently scheduled patients and all core visit types (new, consult, established, and return) and patient acuity levels (urgent, semi-urgent and elective) are offered Telehealth options instead of cancellation, rescheduling, or deferral.
Ambulatory Schedules

• Only 1-2 providers on site per clinic to do F2F visits

• All other providers are home based doing virtual patient care
Key Challenges/Successes

• Communication for both!
• Fluid environment; hour to hour and day to day changes!
• Teamwork within Primary Care specialties!
• Specialized clinics:
  • Respiratory/COVID
  • Newborn
CHILDREN’S MINNESOTA
Scenario planning

• What to plan for?
• How do we know?
• Variable…
  • Prevalence of disease
  • Testing capability
  • PPE
  • Staffing
  • Demands on the system
Interim guidance for COVID-19 testing and patient disposition in patients with suspected acute respiratory illness with or without fever (Age <25 years)

**Aim:** To dynamically provide interim guidance on pathogen testing for patients with clinical signs/symptoms that may overlap with COVID-19.

**In scope:** All patients with symptoms of acute respiratory illness (e.g. cough, shortness of breath, sore throat) with or without fever.

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**Anticipated Disposition?**

- Admit to inpatient unit.
- **Influenza** and/or **RSV** positive?
  - No **Influenza** and/or **RSV** negative?
    - **No** Influenza or RSV testing and patients not tested.
    - **Yes** Contact and Droplet precautions + Standard precautions
  - **Yes** Influenza or RSV positive?
    - **No** Influenza or RSV positive.
      - Contact and Droplet precautions with eye protection
    - **Yes** Influenza or RSV positive.
      - Airborne and Contact precautions (AIR and respirator e.g. N95, PAPR) with eye protection

**COVID-19 testing is generally not indicated** for ED and clinic patients who are well enough to return home.

Consider influenza and/or RSV testing, if clinically indicated.

Provide instructions for care at home, including the following:
- Measures for symptom relief and comfort.
- Need for self-isolation of patient and any ill family members for:
  - at least 7 days have passed since symptoms first appeared, and
  - at least 3 days (72 hours) have passed since recovery defined as improvement of respiratory symptoms and resolution of fever without the use of fever reducing medications.
- If illness worsens, patients and families should call their primary care clinic prior to presenting for care.
- Patients and ill family members should isolate themselves from household and intimate contacts as much as possible. Household and intimate contacts of these individuals should limit their activities in public for 14 days after incorporating precautions in the home and monitor for symptoms.

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**NOTES:**

1. Information on COVID-19 incidence and management is rapidly evolving. Refer to [www.CDC.gov](http://www.CDC.gov), [www.who.int](http://www.who.int), [www.health.state.mn.us](http://www.health.state.mn.us), or Children’s MN COVID-19 information page for updates. This guideline is to be updated frequently (e.g. as new recommendations emerge). Due to the dynamic nature of this guidance, it is not peer reviewed by the Guideline Governance Council but is updated regularly by clinical leadership.
# COVID-19 PRECAUTIONS AND PPE

## Interim guidance for selecting appropriate isolation precautions, personal protective equipment, and patient location for patients with respiratory symptoms

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Airborne Infection Isolation Room (AIR) with door closed</th>
<th>Private Room</th>
<th>Airborne Infection Isolation Room (AIR) with door closed</th>
<th>Airborne Infection Isolation Room (AIR) with door closed</th>
<th>Private Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respirator <strong>N95 or PAPR or elastomeric</strong></td>
<td><img src="image1" alt="Rich Text" /> if AIR not available, use private room with door closed</td>
<td><img src="image2" alt="Rich Text" /></td>
<td><img src="image3" alt="Rich Text" /> if AIR not available, use private room with door closed</td>
<td><img src="image4" alt="Rich Text" /></td>
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<tr>
<td>Ear-Loop Mask</td>
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<td><img src="image8" alt="Rich Text" /></td>
<td><img src="image9" alt="Rich Text" /></td>
<td><img src="image10" alt="Rich Text" /></td>
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<tr>
<td>Eye Protection <strong>Reusable or Disposable</strong></td>
<td><img src="image11" alt="Rich Text" /> Required PPE element</td>
<td><img src="image12" alt="Rich Text" /> Required PPE element</td>
<td><img src="image13" alt="Rich Text" /> Use as PPE conservation measure</td>
<td><img src="image14" alt="Rich Text" /> Use as PPE conservation measure</td>
<td><img src="image15" alt="Rich Text" /></td>
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<tr>
<td>Gloves</td>
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*Note: AIR = Airborne Isolation Room.*

**COVID-19 positive or pending with aerosol-generating procedures**

**COVID-19 positive or pending without aerosol-generating procedures**

**Chickenpox**

**Disseminated shingles**

**Measles**

**Tuberculosis**

**COVID-19 negative**

**Confirmed other respiratory viral pathogen (excluding rhinovirus)**

*Rich Text*
Community

• Right patient, right bed, right time
  • Consolidation
  • Age expansion
  • Coordination across multiple systems

• Challenging autonomy
  • Variation
  • Reaching consensus
  • Communication of practice

• Leadership
Questions?

Helpful Bookmarks:

CDC: https://www.cdc.gov/coronavirus

AAP COVID-19 Discussion Board: https://collaborate.aap.org/COVID-19/Pages/default.aspx#top

MDH: https://www.health.state.mn.us/diseases/coronavirus/index.html

State of Minnesota Dashboard and Resources: https://mn.gov/covid19/

MNAAP http://www.mnaap.org/covid-19/