NAEC Town Hall on COVID-19 and Center Operations – Adult Centers

May 6, 2020
Logistics

• All computers/phone lines are muted.
• Please turn off camera during presentations.
• Two ways to participate during Q&A:
  – Enter any comments/questions in the chat box and I will read them
  – Raise your hand and I can unmute you so you can speak – look at bottom of participant list
Speakers

**Susan Herman, MD,**
NAEC President and Medical Director, Barrow Neurological Institute Comprehensive Epilepsy Center, Phoenix, AZ

**Fred Lado, MD, PhD,**
NAEC Vice President and Medical Director, Hofstra Northwell Comprehensive Epilepsy Center, Great Neck, NY

**Meriem Bensalem-Owen, MD,**
NAEC Secretary/Treasurer and Medical Director, University Of Kentucky Comprehensive Epilepsy Center, Lexington, KY

**Stephan Schuele, MD, MPH,**
NAEC Board Member and Medical Director, Northwestern Medicine Comprehensive Epilepsy Center, Chicago, IL

**Carl W Bazil, MD, PhD,**
Medical Director, Columbia Comprehensive Epilepsy Center, New York, NY
Fred Lado, MD
Director, Epilepsy Program
Northwell Central and Eastern Regions
Nassau County Long Island, NY
Governor Cuomo Outlines Additional Guidelines for When Regions Can Re-Open

Total Hospitalizations

18,825

March 16 to May 3

STAY HOME. STOP THE SPREAD. SAVE LIVES.
Early Days

COVID19 Surge

- 2019:
  - Patients: 3000
  - Beds: 5000

- 2020:
  - Patients: 5000
  - Beds: 5000

Legend:
- Blue: Patients
- Orange: Beds
Early Issues

- Outpatients cancelled
- Shift to phone- and tele-visits delayed by loss of appointment calendars.
- Limited access to tele-visit platform.
- Limited familiarity with remote conferencing platform (MS Teams)
- Uncertainty about staff redeployment
- Anxiety among EEG techs
- Sharp decline in inpatient EEG requests. Outpatient EEG lab closed.
Early responses

- Outpatient practice closed – most faculty and staff begin to work remotely
- Phone and tele-visits were scheduled and completed before administrative guidance in place -> confusion in billing.
- Limited access to tele-visit platform led to improvised solutions (Google voice, Doxy.Me)
- Daily team huddle on MS Teams – useful for troubleshooting new problems
Early responses

• EMU closed

• All EEG were vetted by MD to ensure study was warranted and assess COVID19 risk before sending tech – **very time consuming.**

• EEG techs organized to teams to minimize team exposure to patients subsequently found to be COVID19+

• EEG tech staffing reduced to minimal in-hospital staff with others on-call.
Communication and data very helpful

• Daily Epilepsy team call – fellows, techs, MDs – 30 min, now twice weekly

• Departmental call 3x per week, now twice weekly

• Health system informational videos (30 min) – 3x per week, now weekly.

• NY State Governor daily briefings
Mid-way – 1 month into COVID19 surge

- Redeployment begins – 2 epilepsy faculty (of 6) sent to inpatient units

- Coverage of on-call schedule and outpatients of redeployed faculty.

- Anxiety about when admissions would peak and access to PPE.

- Tele-visit platform rolled out, but office workflow supporting televisits not in place. (Televisits become tech-call visits.)

- Referrals for EEG or inpatient EMU testing all but disappear.
Present Concerns

• Re-opening EMU – ED admissions now increasing
• Re-opening ambulatory practice – EEGs and visits
• BUT
  • Patients do not want to return to hospital based care yet – frightened.
  • High COVID prevalence will limit office volumes
• Establishing effective office work-flow for telemedicine
Practice

• All patients tested for COVID on admission to hospital – results in < 4h

• No visitors or family in hospital currently.

• Elective admissions require pre-hospital COVID testing – but not yet clear where to get it one-day prior to admission.

• Outpatients and elective admissions to answer screening questions by phone.

• Re-screening patients on arrival to EMU or office, masking, rooming as needed
Future

• Preparing for second surge

• Telemedicine is likely to remain large part of practice.

• Governor mandated hospitals not to exceed 70% of capacity.
  • EMU beds may be tight during busy time of year (Winter)
Carl W Bazil, MD, PhD, Medical Director, Columbia Comprehensive Epilepsy Center, New York, NY
Epilepsy Division
Operations During COVID Pandemic

Meriem Bensalem-Owen, MD,
FACNS, FANA, FAES
State with low risk incidence

Daily communications and updates

**UK HealthCare MONITORING**

Since the beginning of COVID-19 in Kentucky:

- 179 positive tests
- 10 current COVID-positive inpatients
- 3,988 negative tests
- 4,167 total tests

**UK HEALTHCARE COVID-19 INPATIENTS**

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<thead>
<tr>
<th>LEVEL 1:</th>
<th>LEVEL 2:</th>
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<td>47-128</td>
<td>129-256</td>
<td>257-384</td>
<td>384+</td>
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5/4/20: 10
Epilepsy Services- Pediatric & Adult

• Outpatient Services/ KNI Epilepsy Clinic
  ➢ In person encounters converted to Telehealth (few phone visits)
  ➢ In person visits for patients with implanted devices for epilepsy requiring setting adjustments: RNS, DBS and VNS

• Inpatient Services
  ➢ EMU service: Adult and Pediatric EMUs closed since March 23
  ➢ Video-EEG monitoring inpatients/ critically ill- Sharp decrease in requests
  ➢ Ambulatory EEG studies

• Surgeries
  ➢ 1 RNS battery change
  ➢ 1 temporal lobectomy requiring intra-op monitoring (ECoG)

• Clinical Research
  ➢ Enrollment on hold
Reopening of Services

• Outpatient Services/ Epilepsy Clinic
  ➢ In person visits: week of May 4
  ➢ Telehealth maintained
  ➢ Comply with social distancing principles
    ▪ minimizing time and patient volume in waiting areas
    ▪ space chairs
  ➢ Staffing considerations: 2 nurses and 1 research coordinator were furloughed.

• EMU
  ➢ Equipment upgrade week of May 11
  ➢ Reopening week of May 18
  ➢ Considerations: Testing for COVID, staffing, PPE, equipment, visitors policy…
  ➢ Criteria for elective admission
Criteria for Elective EMU Admission

➢ Workgroup
   ▪ Weekly Epilepsy Conference converted to Operations & Business meeting
   ▪ Epileptologists, EEG lab manager, neuropsychologist, nursing and administrative coordinators
   ▪ Communication with neurosurgeons and neuro-radiologists
   ▪ Review list of previously cancelled admissions/placed on hold and new requests

➢ Prioritization Criteria
   ▪ Pre-surgical work up (phase I and II, Ictal SPECT)
   ▪ High seizure burden
   ▪ Potential for changes in management based on monitoring results
   ▪ Potential for progression of disease
Outpatient EEG visits phased in over several weeks:

• Appropriate screening for all patients and visitors.
• Week 1: 4 outpatients per day
• Week 2: 8 outpatients per day
• Limitation of waiting room to 2 patients, one or both of whom may be a singly-accompanied child
• Due to prolonged contact and proximity between patient and technicians, appropriate safety measures (e.g., face masks, face shields, PPE) will be employed at Medical Center standards
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Questions?

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