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

May 8, 2020
Logistics

• All computers/phone lines are muted.
• Please turn off camera if you aren’t speaking.
• If audio is spotty, switch to audio by phone.
• 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 will call on you to speak – look at bottom of participant list
Susan Herman, MD
NAEC President and Medical Director, Barrow Neurological Institute Comprehensive Epilepsy Center
Speakers

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

Courtney Wusthoff, MD
Co-Medical Director, Stanford Children's Health Pediatric Epilepsy Center

Phillip Pearl, MD
Medical Director, Boston Children's Hospital Comprehensive Epilepsy Center

Susan Arnold, MD
Chair, NAEC Accreditation Committee and Medical Director, Comprehensive Epilepsy Center - Children's Medical Center Dallas

Dave Clarke, MD
NAEC Board Member and Medical Director, UT Health Austin Pediatric Neurosciences at Dell Children’s Comprehensive Pediatric Epilepsy Program
Experiences from an Early Incidence Area

Courtney Wusthoff, MD MS
Associate Professor, Neurology

With thanks to:
Brenda Porter, MD PhD and
Bill Gallentine, DO
LPCH’s awesome EEG techs
Santa Clara Timeline

- [Feb 6- first COVID-19 death in the US; identified by coroner April 21st]
- Feb 26- community transmission in nearby county
- Feb 28- community transmission in Santa Clara
- Early March- schools start to close, businesses shift to work from home
- Mar 13- Public schools close
- Mar 16- Shelter-in-Place order for Bay Area
- Currently extended through May 31st
Santa Clara County COVID-19 Cases Dashboard

Data last updated May 7, 2020

This dashboard provides detailed data on cases of COVID-19 in Santa Clara County. Due to limited testing capacity, the information reported represents only a small sample of the likely total COVID-19 cases in Santa Clara County. Increased testing availability is expected to increase the number of confirmed COVID-19 cases reported.

<table>
<thead>
<tr>
<th>Total Cases</th>
<th>New Cases</th>
<th>Total Deaths</th>
<th>New Deaths</th>
<th>Currently Hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>2281</td>
<td>19</td>
<td>127</td>
<td>1</td>
<td>113</td>
</tr>
</tbody>
</table>

Cumulative Cases by Gender

- Female: 50%
- Male: 50%
- Other: 0%
- Unknown: 0%

Cumulative Cases by Age Group

- 20 or ...: 4%
- 21-30: 12%
- 31-40: 17%
- 41-50: 17%
- 51-60: 18%
- 61-70: 13%
- 71-80: 10%
- 81-90: 5%
- 90+: 3%
- Unknown: 0%

Cumulative Cases by Specimen Collection Date

Values for the most recent 5 days will likely increase as additional results are received.

Cumulative Cases by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent of Cases</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>22%</td>
<td>33%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>39%</td>
<td>27%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>16%</td>
<td>0%</td>
</tr>
<tr>
<td>White</td>
<td>18%</td>
<td>34%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: California Reportable Disease Information Exchange, California Department of Finance.

Note: The graphs do not include 27 patients that did not have a valid date for when their specimen was collected. These patients are included in the total numbers presented above. Case counts for cities with less than 10 cases are not provided. Currently hospitalized includes suspected cases. New cases represent newly identified cases since last reporting. Specimen collection date may vary. Other category on race/ethnicity graph includes American Indian/Alaska Native.

https://www.sccgov.org/sites/covid19/Pages/dashboard.aspx#cases
What's the status of the pandemic?

Confirmed Cases

9,145
△ 172 new in last 24 hours

As of 5/6/2020

Fatilities

334
△ 7 new in last 24 hours

https://med.stanford.edu/covid19/dashboard.html
Early Response

• No precedent to guide response
• Staffing greatest problem in first week
• Quick shift to only most emergent services
  • Outpatient clinic visits moved to telemedicine
  • Outpatient EEGs limited
  • EMU admissions cancelled ➔ ambulatory EEG in some cases
  • Inpatient EEG with reduced availability
• Inpatient EEG requests dropped significantly
EEG Services During COVID-19

• Testing only available for symptomatic patients
• Strict standard precautions
  • Everybody masked throughout hospital
  • Patients with or likely to have aerosol generating procedures (AGPs) treated as PUI, cohorted in hospital
• For PUI with tests, EEG postponed pending results if possible
• No hyperventilation during EEG if status unknown
• 2-3x per week check ins with lab, inpatient team
• Weekly workflow updates
Re-opening

- California and Santa Clara guidance
- 1st week May- encouraged to resume full services
- Message to patients through EMR, social media, website
- Late April- Stanford testing all hospital staff
  - Lower incidence than community—PPE works
- May 7- Stanford testing all patients upon admission
  - Encouraging testing 24-72 hours prior to admission at drive-thru testing sites
  - If not completed, will do rapid testing upon arrival for admission
  - EEG techs do not apply electrodes until results back
  - If positive, EMU admission cancelled
Re-opening

- EMU reopened this week
  - Families receive a call 72 hours prior to admission to screen for symptoms
- Have not needed to limit number of admissions
  - Some families reluctant to come to hospital
  - Watching backlog, mindful of summer crunch
- Santa Clara limits to 1 adult accompanying throughout admission (not testing family)
- Staffing impacted
- Outpatient EEG ramping up
- Outpatient clinics remain primarily telemedicine through June 15
Phillip Pearl, MD
Medical Director, Boston Children's Hospital Comprehensive Epilepsy Center
Childrens Medical Center Dallas
Comprehensive Epilepsy Center

Susan T. Arnold, MD
Professor of Pediatrics, Neurology and Neurotherapeutics
UT Southwestern Medical School
Phase 1 – Closing Down, Learning to Practice at a Distance

• EMU admissions limited to urgent patients only (<1/week)
  • Unstable epilepsy with high risk for injury and/or likely to require ER services
  • All referrals reviewed/triaged by Epilepsy center director

• EEG outpatient studies only if essential for immediate medical management decisions (5-10% of normal)
  • Referring MDs determine if patient cannot be managed without EEG
  • Some EMU studies converted to 4 hour outpatient video EEG
  • Inpatient services unchanged, techs follow hospital PPE rules

• All clinic appointments converted to telemedicine (>300/week)
  • Clinic remained open for urgent patients, VNS/RNS programming
  • Emergency privileges obtained from hospital
  • Texas Medical Board passed emergency rules allowing all visits to be done by phone with or without video
Phase 2 – Reopening, Retooling Processes for Infection Control Measures

• EMU to reopen at 20% of usual volume on 5/18/2020
  • Studies prioritized by medical director
  • Presurgical evaluations, frequent/daily seizures, establish NES diagnosis
  • Invasive surgical cases to begin 6/1/2020
  • Hospital declined to offer pre-admission COVID testing

• EEG lab to reopen at 50% of usual volume 5/11/2020
  • Backlog of deferred studies vs. patient/caregiver resistance to in person appointments
  • Appointment times staggered, workflow changed to allow distancing
  • Masks required but procedure not considered high risk, no N-95 use

• Clinics reopen at 20% of usual volume 5/11/2020
  • Workflow adjusted to allow distancing for both patients and physicians
  • RN interview done by phone prior to visit, scheduler check-out done in exam room
  • Some percentage of return visits will continue to be done by telemedicine
Phase 3 – Long Term Changes and Managing Backlog

• EMU Admissions
  • Anticipated backlog of deferred EMU admissions and invasive monitoring cases may require increasing admissions.
  • Secondary EMU attending assigned for July-August

• Telemedicine will become a significant component of outpatient clinic practice
  • Improved service to patients with transportation issues
  • Improved service for immunocompromised patients, patients with medical equipment needs, and behavior disorders.
  • Children will miss less school time
  • Lower reimbursement may be offset by lower clinic overhead
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Questions?

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