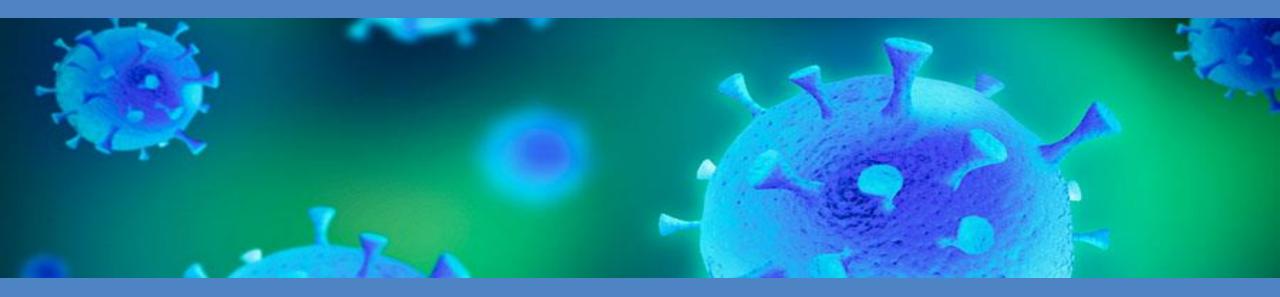
VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health
May 1, 2020









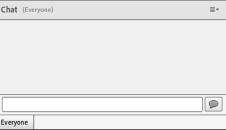
Technology Notes

1) All participants will be muted upon joining the call.

If you dialed in or out, unmute by pressing #6 to ask a question (and press *6 to mute).

Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

2) To ask or respond to a question using the *Chat* box, type your question and click the icon or press Enter to send.







Overview

- Happy May Day and International Workers Day!
- Situation update
 - Surveillance
 - Testing
- VDH and Other Updates
- □ Practice Issues:
 - Ethical Considerations Regarding COVID-19
- Question and Answer







Situation update

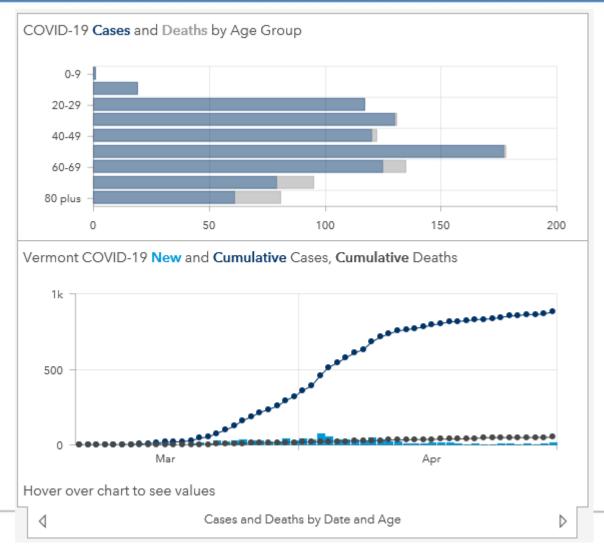
Total Cases 879 Currently Hospitalized Hospitalized Under Investigation Deaths **Total Tests** 16,233 People Being Monitored People Completed Monitoring 833 Last Updated (M/DD/YYYY): 5/01/2020, 10:10 EDT

- VDH Public Health Lab: 121 tests
 (4/30); anticipate 50 today
- □ UVMMC: 233 tests (0 to Broad)
- Hospitalized patients: 3 patients in ICU,
 1 patient on ventilator





Situation update (cont'd.)







Testing: Request Your Feedback

Consideration of testing at pharmacies:

- DHHS Office of the Asst. Secy. Health released guidance authorizing "licensed pharmacists to order & administer FDAauthorized COVID-19 tests" (incl. serology).
- Pharmacists "will qualify as 'covered persons' under the PREP Act" (liability immunity)."
- Does not address state scope of practice considerations, CLIA
 Certificates of Waiver, payment, many other factors.





Today's Media Briefing



- Many trend lines going in right direction; continue to monitor
 - MA and RI not trending as well
- Continued gradual opening, only with significant training for supervisors and all workers (target date May 11 for construction, etc., with training)
- Business sector representatives have been involved in planning

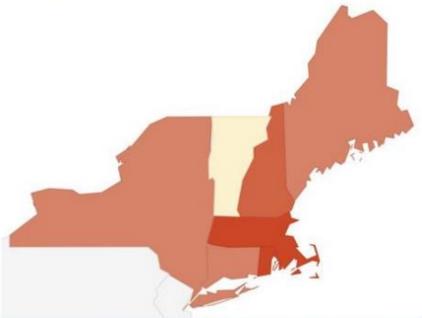




Today's Media Briefing: Modeling Update

New England: Time Until Confirmed Cases Double

Source: Johns Hopkins University



State	Doubling Rate (in weeks)	
Vermont	12	
Connecticut	4	
Maine	4	
New Hampshire	3	
Massachusetts	2	
Rhode Island	2	
New York	4	





Today's Media Briefing



Commissioner Levine:

- Update on "traditional triad" of symptoms: fever, cough, SOB
- New symptoms added today
 - Loss of smell/taste
 - HA
 - Muscle pain
 - S/T
 - Shaking/chills





AAP Update: Federal Advocacy

Continued advocacy for federal financial relief needed!

- □ Go to <u>federaladvocacy.aap.org</u> and login to your AAP account:
 - First key issue is: "Provide Needed Financial Support for Pediatricians Impacted by COVID-19 Crisis":
 - Tell members of Congress to ensure pediatricians receive needed financial support in order to care for children through this period.
 - □ Click "take action" go to form letter re: importance; populates VT senators and representative, and your contact info, and you just click "send" and off it goes. If you know your aap login, literally takes less than a minute!
- □ Thank you, Ashley Miller, MD FAAP!





Practice Issues

Ethical Considerations Regarding COVID-19

Tim Lahey, MD MMSC, Infectious Disease Physician & Director of Clinical Ethics, UVM Medical Center

Professor, UVM Larner College of Medicine











Fair Ventilator Allocation during COVID-19

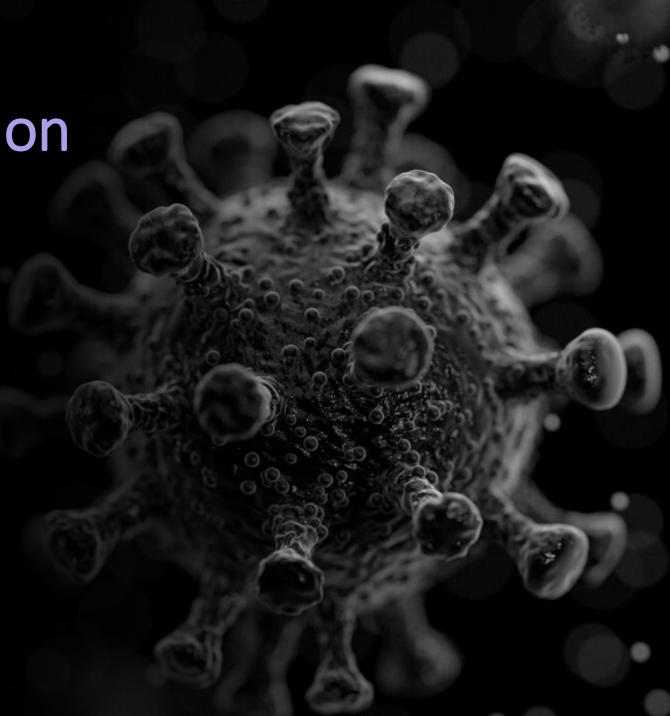
Tim Lahey, MD, MMSc

Director of Ethics

Infectious Diseases Physician

Professor of Medicine

University of Vermont Medical Center





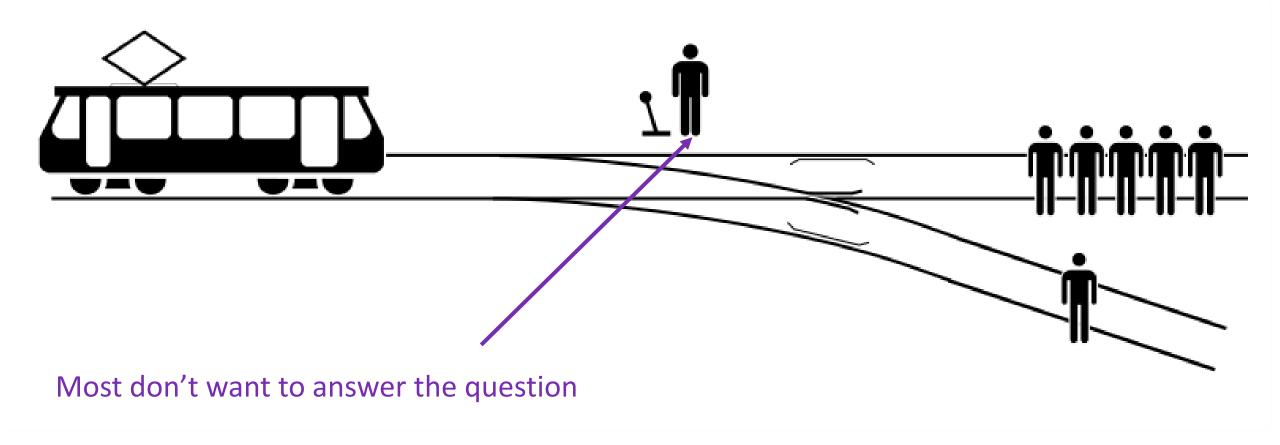
When the apocalypse comes, what will you put into the vessel for the future?

Ocean Vuong

Expand capacity Prepare to ration

The Trolley Problem





If forced, most pick 1 to die not 5

Modifiers

Active vs passive. Lie or other sins to sacrifice? Criminals, marginalized, pregnant, invisibility....

UVMHN's plan to allocation of beds & ventilators fairly and transparently





Values

- Use accepted medical acuity/prognosis criteria
- Treat everyone fairly
- Impartial decision-makers
- Respect and dignity in the treatment of all patients
- Appeals process
- Transparency about guidelines used to make decisions
- Periodic review to allow adaptation of process to meet evolving realities

Team decision Only if scarcity **Rationing signal** Leader relay **Appeals decision** Randomize Triage leader Incident If choice If choice still If choice still unclear, triage Command relays unclear, triage No scarcity, unclear, team institutional leader confers leader confers signals randomizes no rationing rationing with allocation with other setting to allocation needed triage leader caller team

Three Step Ventilator Allocation Process

1

Apply inclusion and exclusion criteria

Calculate MSOFA score

3

Assign to a triage category

Exclusion criteria

- A. Severe trauma with poor expected outcome
- B. Severe burns with any two of the following:
 - >60 yrs. of age
 - >40% of body surface area affected
 - Co-existent inhalational injury
- C. Unwitnessed, recurrent or unresponsive cardiac arrest
- D. Metastatic malignant disease with poor expected response to therapy
- E. Co-existent end-stage failure of a major organ (e.g. heart, lung, liver, or brain) with poor prior prognosis

MSOFA Scoring Guidelines						
Variable	Score*					
	0	1	2	3	4	
SpO ₂ /FIO ₂ ratio** or Nasal cannula or mask O ₂ required to keep SpO ₂ >90%	SpO_2/FIO_2 >400 or Room air SpO_2 >90%	SpO_2/FIO_2 316-400 or $SpO_2 > 90\%$ at 1-3 L/min	SpO_2/FIO_2 231-315 or $SpO_2 > 90\%$ at 4-6 L/min	SpO_{2}/FIO_{2} $151-230$ or $SpO_{2} > 90\% \text{ at } 7-10$ L/min	SpO_{2}/FIO_{2} <150 or $SpO_{2} > 90\% \text{ at } > 10$ L/min	
Bilirubin level, mg/dL (μmol/L)	< 1.2 (< 20)	1.2–1.9 (20–32)	2.0-5.9 (33-100)	6.0–11.9 (101–203)	> 12 (> 203)	
Hypotension†				Dop > 5	Dop > 15	
	None MABP < 70	Dop ≤ 5	Epi ≤ 0.1	Epi > 0.1		
				Norepi ≤ 0.1	Norepi > 0.1	
Glasgow Coma score	15	13–14	10–12	6–9	< 6	
Creatinine level, mg/dL	< 1.2	1.2-1.9	2.0–3.4	3.5–4.9 or urine output <500 mL in 24 hours	> 5 or urine output <200 mL in 24 hours	

mSOFA = 0 - 3	MSOFA = 4 - 7	mSOFA = 8 - 11	mSOFA > 11
Lower Priority	Highest Priority	Intermediate Priority	Lower Priority
 Highest change of survival without treatment Provide other therapies (supplemental oxygen, non-invasive mechanical ventilation, etc.) Reassess as needed 	 Highest chance of survival with treatment Reassess as needed 	 Resource use may be extensive and may not result in good patient outcome Reassess as needed 	 Lowest chance of survival even with treatment Provide other therapies (supplemental oxygen, non-invasive mechanical ventilation, etc.) Provide palliative care as appropriate Reassess as needed

Factors that may be considered:

- 1. Validated metrics e.g. mSOFA, CURB-65, etc.
- 2. Prognosis and likelihood of treatment response based on risk factors relating to existent event, co-existent end-stage failure of a major organ (e.g. heart, lung, liver, or brain), and other accepted medical factors
- 3. Availability of institutional resources to address clinical needs of every patient

Factors that may NOT be considered:

- 1. Sex, gender identity, sexual orientation, race, ethnicity, national origin, religion, or pregnancy status
- 2. Disability or degree of disability (including physical disability, developmental/cognitive disability, functional status, mental health diagnosis, chronic disease diagnosis, positive status for infectious disease(s) including HIV and HCV)
- 3. Health insurance status or ability to pay for care
- 4. Socio-economic status, profession, or other social factors

Rumors about the plan

The goal is to deprive people of care

People with CF or other specific dx will specially disadvantaged

This plan
does not fix
pre-existing
health
inequities

Upcoming Topics

- □ PLEASE REVIEW VMS email yesterday re: telehealth survey
- Continue to follow telehealth/phone coverage
- Summer camps/other recreational activities
- OneCare Vermont all-payer model adjustments (email today)
- UVM MC and HN plans to resume necessary care
- School reentry; adolescent well care; IZ catch-up (flu)
- Continuing developments re: inflammatory syndrome, COVID-19 toes





Questions/Discussion

- Q & A Goal: monitor/respond in real time record/ disseminate later as needed (and/or revisit next day).
- For additional questions, please e-mail:
 - vchip.champ@med.uvm.edu
 - What do <u>you</u> need how can we be helpful (specific guidance)?
- □ VCHIP CHAMP VDH COVID-19 website:

 https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- Next CHAMP call: *Monday, May 4, 12:15-12:45* (same webinar/call information invitation to follow)
- Please tune in to VMS call with Commissioner Levine:

Tuesday, May 5, 12:15-12:45

Phone: 1-802-552-8456

Conference ID: 993815551



