

March 2020 COVID-19 Updates

March 31, 2020

COVID-19 Testing Update

Updated 3/31/2020

A note to our Community Physician Partners from Cincinnati Children's

As the COVID-19 situation continues to evolve and change every day, we are doing our best to keep everyone in the community informed about important updates that affect testing, referrals, and patient care.

Update regarding testing for COVID-19

- We continue to follow CDC and ODH guidelines on prioritizing limited testing resources to symptomatic health care workers and symptomatic, hospitalized children. Cincinnati Children's has established a stable supply of tests to meet these needs. These resources are carefully managed as we try to ensure a sufficient supply going forward.
- We are working with multiple commercial labs to implement needed testing. Turn-around times for results are approximately 3-10 days as the labs work through a backlog of tests. We are adding testing capacity and will keep you updated on these efforts.
- Efforts to expand testing include working with multiple vendors who currently provide testing platforms already used at Cincinnati Children's. These platforms can support high volumes and rapid turn-around. Current allocation of these test kits are going to hot spots and we hope to be included in the second round of allocation. We will update you when additional information is available.
- We are finalizing work to obtain FDA approval for an in-house COVID-19 test that would have 1-day turnaround. Chemical reagents required to run this test are in limited supply and, therefore, we will only be able to support our current COVID-19 testing volume with this test. We are working with our research divisions to expand the capacity of this testing option.
- We pilot tested a drive-by testing model with small groups of patients to make the process as effective as possible for patients, families, and ordering providers. The process includes an emphasis on conserving the use of Personal Protection Equipment (PPE) so the testing model remains sustainable. As we enhance our supply chains with commercial labs and vendors, we are exploring the feasibility of supporting the community with a sustainable drive-by testing model for children and their families.

Where to send patients who require testing?

Currently, Cincinnati Children's can only collect samples from patients that meet CDC and ODH guidelines which includes hospitalization. If you are working with a pediatric patient who has COVID-19 symptoms and will likely need hospitalization, please refer them to Burnett campus emergency

department. Our Special Isolation Unit for COVID-19 diagnosed patients is located in the hospital. Contact STAT LINE at 513-636-1111 and ask to speak to an attending to coordinate a visit to Cincinnati Children's ED. Care and referrals to the ED for COVID-19 concerns should only occur for infants and children who are acutely ill and may require hospitalization or advanced stabilization for respiratory distress or dehydration.

Are there other options?

There are a few local adult hospitals who are offering testing although it is still limited due to the same supply chain issues we are experiencing.

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Cincinnati Wide Guidance for the Newborn Care of Infants Born to COVID-19 Positive or Suspected Mothers

[Click here to visit our Resources page](#) for more information.

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March 30, 2020

PMI COVID-19 Business Impact Forum

<https://forum.pediatricsupport.com>

This is a good source of information about the federal CARES act and how it may provide small businesses assistance. You have to sign in but you do not have to pay to join.

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March 26, 2020

UPDATE: Resources from the AAP

AAP Guidance: Telehealth Payer Policy in Response to COVID-19

AAP: Coding for COVID-19 and Non-Direct Care

AAP Webcasts: Telehealth and COVID-19

Visit our [Resources page](#) to learn more.

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March 25, 2020

COVID-19 Live Web Event on March 30, 2020, from 7:00-7:30am

Join us for a short update for the latest information on COVID-19 in our community. Cincinnati Children's faculty from Infection Control, Emergency Preparedness and Response, and Hospital Medicine will answer your questions.

Register for the live event and submit your questions here: <https://videolibrary.globalcastmd.com/covid-19-updates-from-cincinnati-4>

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March 24, 2020

Radiology Department Update

Dear Colleagues, Starting Monday, March 16, the Radiology Department will implement several changes related to COVID-19. The goal of these changes is to keep our patients and employees safe by practicing social distancing where appropriate. We do not anticipate that any of these changes will affect our ability to provide timely results.

1. The reading room will be closed to all non-radiology employees.
2. The Radiology Large Conference room will be closed. All conferences will be virtual. Please consult the radiology conference leader specific for your conference for a link to the virtual conference.
3. Radiologists will mostly be working from their offices in Kasota. There will be a small number of radiologists in the reading room providing supervision and guidance to our technologists.
4. We will be starting a virtual consult service so that you can review images live with a radiologist. You can access the consult service via the following links. To ensure that we have high-quality audio please call the reading room at 636-9853 to be connected to the radiologist, rather than using the voice option in the teleconference system. - **To consult a Neuroradiologist** (7 AM – 9 PM weekdays; Saturday 7- noon): <https://zoom.us/j/591515855> - **To consult a Thoracoabdominal Radiologist** (7 AM – 3 PM weekdays): <https://zoom.us/j/561049599> - **To consult a Musculoskeletal Radiologist** (7:45 AM – 5 PM weekdays): <https://zoom.us/j/708449688> - **To consult a Nuclear Medicine/Ultrasound Radiologist** (7:45 AM – 5 PM weekdays): <https://zoom.us/j/999406666> - **To consult an After Hours/Emergency Radiologist** (3 PM – 7 AM on weekdays, all day Saturday and Sunday) - note this service will be available to review any study after the hours end for the specialty services listed above. For example, after 3 PM on a weekday you should use this link for a Thoracoabdominal radiology study and after 9 PM, you should use this service for a neuroradiology study: <https://zoom.us/j/899887047>

If you have a question for a specific radiologist or if you just want to talk to a radiologist about a case, call the reading room at 636-9853. The reading room assistant will be able to connect you to the appropriate radiologist.

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Division of Occupational Therapy & Physical Therapy (OT/PT) Update

The Division of Occupational Therapy & Physical Therapy (OT/PT) has been given the directive to cancel non-critical patients through May 1, 2020. We recognized immediately the need to categorize patients and determine what level of service we can offer over the next several weeks. We reviewed all patients

who were scheduled for follow up visits, as well as new visits that were on the schedule and identified each in the following categories:

Outpatient

Critical Need (hands on): Patients who may experience significant impairment, loss of function, or negative impact post-surgical/post procedure if therapy services not delivered in person. **We intend to continue to see patients in person. Our intention is to offer in-person therapy to patients deemed critical; however, if a patient declines in-person therapy our division will be offering telehealth as an alternative therapy.**

Acute needs (not hands on): Patients who may experience moderate impairment or loss of function if therapy services not delivered in some capacity. **Therapists are making clinical decisions on each of these patients to determine if there is a need for in person care; if in person care is not necessary, these patients will be scheduled with telehealth visit or audio call.**

Non-Critical/Acute: Patients who need therapy services; however, this need is outweighed by the risk of exposure. **We intend to check in with these patients by phone and/or telehealth over the next several weeks. New OP referrals**

We are asking that divisions continue to send OT and PT referrals. We have a team reviewing each new referral and categorizing the patients based on the criteria outlined above.

At this time, we are scheduling **critical** and some **acute** visits at the Main Campus, MOB, and Liberty locations

These processes will remain in place until further instruction is provided by hospital leadership and our professional licensure boards. **Please call 636-4651 with any questions.**

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New COVID-19 Clinical Pathway Algorithm: Our Clinical Pathway Algorithm has been updated to address the evolving epidemiology. This algorithm shows how to manage patients who arrive at the doors of Cincinnati Children's.

[Visit our Resources page to view the algorithm.](#)

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Breastfeeding Medicine Clinic Update We are still seeing patients in the Breastfeeding Medicine Clinic. Mothers and babies can get in usually by the next day after seeing the baby's primary physician. Our visits have been consolidated to the Base site and Green Township since the other satellites have closed. The mothers and babies are getting back into a room immediately after registration as quickly as we can.

There are no other patients in our Breastfeeding Medicine Clinic rooms and we are cleaning the rooms thoroughly between patients. We are doing everything that we can to limit the mother and infants' exposures to any infectious cause.

Mothers who have difficulties trying to breastfeed can call 513-636-2326 for an appointment. **Sheela Rath Geraghty, MD, MS, IBCLC, FAAP, FABM** Professor of Pediatrics, University of Cincinnati College of Medicine Co-Director, Cincinnati Children's Center for Breastfeeding Medicine Medical Director, Cincinnati Children's Breastfeeding Medicine Clinic Attending Physician, Pediatric Primary Care Center Cincinnati Children's Hospital Medical Center 3333 Burnet Ave. MLC 2011 Cincinnati, Ohio 45229 Office phone: 513-636-2526

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Resources from the AAP

Resources from the AAP are available on [our Resources page](#).

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Helpful webcast

For information on business issues and PCP Business Concerns, this webcast may be helpful:

<https://www.pediatricsupport.com/covid19>

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March 23, 2020

Cincinnati Children's Location Closures

Beginning Monday, March 23, 2020, our Eastgate, Mason, and Northern Kentucky locations are closed until further notice. This includes Urgent care at Mason.

Appointments originally scheduled at these locations will be rescheduled to other locations or to a video visit with the provider.

If your patient needs urgent care, our Liberty Campus, Burnet Campus, Green Township and Anderson urgent care locations are open during their regular hours each day. Emergency departments at Burnet Campus and Liberty Campus are always open.

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March 20, 2020

COVID-19: Updates from Cincinnati Children's – Online Live Event – for PCP's

Join us Monday, March 23, from 7-7:30 am for a live broadcast on the latest COVID-19 information in our community. Cincinnati Children's faculty from Infection Control, Emergency Preparedness and Response,

and Hospital Medicine will answer your questions. Login at: <http://videolibrary.globalcastmd.com/covid-19-updates-from-cincinnati> Send pre-event questions to physicianservices@cchmc.org or submit them at the login listed above.

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UPDATE from Hector R. Wong, MD

Professor and Interim Chair of Pediatrics

Dear Colleagues,

I hope everyone is holding up during these challenging times and all the uncertainty, and recognize how those challenges are magnified for those of you on the frontlines of providing care to our children. In that context, I would like to share some optimism for our patients, children, and grandchildren. As you know, COVID-19 has been particularly harsh in Italy. We have communicated with our pediatric critical care colleagues in Italy, and have the following report from a trusted counterpart based in Verona, located in Northern Italy. Our colleague tells us that there are less than 10 (ten) children admitted to pediatric intensive care units throughout all of Italy. Further, among 35,000+ patients confirmed to be positive for COVID-19 in Italy, approximately 400 (1%) of these are children. An important nuance is that the number of 400 out of 35,000 reflect symptomatic patients who came to medical attention. Further, among a large sample of pediatric intensive care units in the U.S., our colleagues are reporting 1 (one) patient requiring critical care. Surely there are a few more, but this is nonetheless a good sample size of large pediatric intensive care units in the U.S. None of this is to suggest that children are not getting infected. I have no doubt that they are, but we should be grateful that the vast majority are doing just fine. Hopefully this can provide you with some comfort during these difficult times; our patients, children, and grandchildren will be fine when this is all done. Please know that CCHMC stands ready to support you in any manner possible.

Regards,

Hector

Hector R. Wong, MD
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Interim Director, Cincinnati Children’s Research Foundation
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Cincinnati Children’s Subspecialty Referral Direction

Based on guidance from the Surgeon General, the American College of Surgeons, as well as Governor DeWine’s office, for the time being we have cancelled all elective surgeries, procedures, and non-urgent subspecialty clinic visits. Families are being contacted directly about rescheduling and our subspecialists

are working on connecting with established patients and families, as needed, via phone calls and Telehealth visits.

Given our efforts to comply with social distancing recommendations we would ask for your help in triaging subspecialty referrals for a temporary period of time.

- If you have a patient that needs **urgent referral** to a subspecialist when you place that referral please note “Urgent referral despite COVID-19 restrictions” in the referral. You can also add other clarifying information such as “Urgent referral but can wait 1 week” in the referral. This will give our scheduling center the additional information they need to properly triage visit timing.
- Patients referred for subspecialty visit who do not have comments about urgent needs will have a longer wait time for visit than typical. Please let your families know that there may be delays in non-urgent referrals and that we are doing everything we can to keep the population safe from spread of COVID-19.

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Telehealth in your Practice Many practices are discussing how to use practice based telehealth solutions for mental health and minor illness/injury visits. Practices are beginning to use EPIC based platforms and commercial platforms, especially pediatric based platforms– Doxy.me, SnapMD, Anytime Pediatrics are some examples. There is also developing support for payor coverage for telephone visits (without video) outside of telehealth platforms to consider.

Here is an example of a telehealth Epic form for use in our COVID-19 screening:

<https://docs.google.com/document/d/1Gd9rcS33dvhIDcwZR8rjy7PLfAzEC67vv3TryPN3QU/mobilebasic>

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Coronavirus Update: A Message from AAP President Sally Goza, MD, FAAP

Dear Colleagues: After yesterday's letter, we heard from a number of you with questions about the [guidance on well-child visits](#). I wanted to take a moment to reinforce that AAP recommends pediatricians continue to see newborns and infants for preventive care, as well as younger children who need immunizations. We know that delaying care for newborns and other vulnerable children during this time could have devastating consequences for their health. We can be flexible to determine the best way to schedule patient visits to minimize the risk, including spacing out visits, modifying our clinical space, or rescheduling visits for older children until a later date. Routine preventive and sick care are important to keep children healthy, including during this pandemic. Data from other countries show that the symptoms of COVID-19 are generally milder in children, but that does not mean they cannot get sick and need care. We should remain vigilant in our response to potential illness in children, and help parents understand when they need to seek care. Similarly, we should not disregard the potential for children, adolescents and young adults to be carriers of the virus and transmit COVID-19 to others, as is underscored in this

[AAP News article](#). Please continue to email any questions about COVID-19 to COVID-19@aap.org. This email box is being monitored so AAP can respond quickly to frequently asked questions. **New Tele-mentoring Program on COVID-19** The AAP is launching a new ECHO ([Extension for Community Healthcare Outcomes](#)) project, titled "AAP COVID-19 ECHO: Emergency Readiness & Response." Infectious disease experts and emergency readiness physicians will be connected by video with those providing care to children to discuss policies and procedures related to COVID-19. Recognizing that so much has changed in our world in a very short time, this ECHO will be a space to support one another while learning and working through challenges together. Meetings will be scheduled twice per month beginning the week of March 30. Please [register](#) by March 24 Thank you for all you do every day for children, now more than ever. Stay safe.

Sincerely,

Sally Goza, MD, FAAP

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March 19, 2020

COVID-19 Testing Update

A note to our Community Physician Partners from Cincinnati Children's

As the COVID-19 situation continues to evolve and change every day, we are doing our best to keep everyone in the community informed about important updates that affect testing, referrals, and patient care.

Update regarding testing for COVID-19 We have limited testing kits available at Cincinnati Children's that are being sent to a private commercial lab. We are reserving these for pediatric patients who are at high risk of severe disease, such as those with heart disease and immunocompromising conditions, requiring hospitalization. We are also working on developing an in-house test that will likely not be ready for widespread use for the next few weeks.

Where to send patients who require testing Currently, Cincinnati Children's can only collect samples at the Liberty and Base campuses. Our satellite offices and outpatient centers are not equipped to test for COVID-19. If you are caring for a pediatric patient who needs testing and will likely require hospitalization, please refer them to main campus emergency department as our Special Isolation Unit for COVID-19 diagnosed patients is located there. Contact STAT LINE at 513-636-1111 and ask to speak to an attending to coordinate a visit to Cincinnati Children's ED. Care and referrals to the ED for COVID-19 concerns should only occur for infants and children who are acutely ill and may require hospitalization or advanced stabilization for respiratory distress or dehydration. Are there other options? There are a few local adult hospitals who are offering testing for older children although it is still limited. These tests kits are limited as well although less so than at Cincinnati Children's. It is reasonable to refer a patient there for testing if desired. No hospital in the Cincinnati area is running these tests in-house.

General information to keep in mind There is typically a 1-5 day turnaround time for test results. Patients who undergo testing are required to quarantine at home until a test result returns negative. Close contacts will also need to be in quarantine. We will continually update recommendations, guidelines, and communications to disseminate to our community physician partners.

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March 18, 2020

PPE Supply Update

There is a limited supply of N95 masks and surgical masks available from The Health Collaborative. Please refer to this [guidance document](#) and then fill out the online form to request supplies. The link to request supplies is here: <https://healthcollab.org/healthcare-resource-request/> In KY, practices can contact the NKIHD emergency services to inform them of need for PPE at 859-341-4264. Practices should inventory their supplies before calling.

Here is the link for Ohio Emergency Services to request PPE:

https://webeoctraining.dps.ohio.gov/ohiocountyEMADirectorList/countyemalist_web.aspx

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March 15, 2020

According to the Ohio Department of Health, the number of confirmed positive cases of COVID-19 in Ohio is low but rapidly increasing and public health experts expect the number of positive cases to expand significantly in the coming weeks and months. At the same time, Ohio and the nation are facing a dire shortage of personal protective equipment (PPE), including that maintained in the national cache. This situation warrants a unified, consistent approach and requires primary care providers and other outpatient services providers to comply with the following course of action regarding screening and treatment of potential COVID-19 patients (revision from guidance issued on March 11, 2020).

Telephone Consult: Patients should be encouraged to receive a phone-based triage, which in most cases will be done by their primary care provider. Based on these phone consultations, and utilizing CDC guidance, providers will decide whether patients require an in-person assessment. **Hospital**

Assessment Locations Will be Coordinating the Testing

- Temporary central assessment and testing locations are being established throughout the state of Ohio.
- Providers should contact the local hospital to which you would refer a patient for admission to learn where your community's assessment and testing location is.
- Trained primary care professionals will be at these central assessment locations to assess whether the patient should be tested, sent home or admitted to the hospital.
- Patients who present to an outpatient setting other than a central assessment and testing location and are determined to need testing for COVID-19 should be referred to the central location for testing.

Providers are strongly discouraged from doing patient assessments for COVID-19 at sites other than central assessment and treatment facilities.

Testing

- Patients with mild systems will not be tested and will return home to self-monitor.
- Patients with moderate symptoms with other risk factors should receive a test at a commercial laboratory.
- Patients with severe symptoms should be tested through hospital laboratories (if available) or the ODH laboratory and be admitted to the hospital. Test results from the ODH laboratory will be returned within 24 hours.

Why are these steps required?

- PPE is very limited (including the national cache).
- Those providers who do currently have PPE are using it at a rate that cannot be sustained.
- The need to minimize in-person interactions to the extent possible.
- The complexity and scope of the public health issues involved in mitigating this problem requires a centralized, coordinated approach.
- It is absolutely vital that hospital capacity be reserved for the sickest patients.
- Please refer patients to coronavirus.ohio.gov or to 1-833-4ASKODH (1-833-427-5634) for additional information.

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March 12, 2020

PPE Planning Update

For independent pediatric practices, judicious use of face masks in your office for any patient with risk factors and their direct providers is recommended. Keep track of your inventory. If there is a confirmed case in our community (your county of business or a neighboring county), contact your local or state health department (emergency preparedness) and notify them of your current supplies and place a request for assistance. Do not wait until you have nothing.

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March 11, 2020

What You Should Know About PPE Personal protective equipment (PPE) and its availability (or lack thereof) is a hot topic these days. Here's what you as a pediatric primary care provider need to know:

- In the absence of fit testing, N95 masks are no better than a regular mask. Eye protection and a simple face mask are most important, plus good hand hygiene.

- Keep your practice open to patients with possible COVID-19 exposure, even if you don't have N95s and none are available to buy.
- Cincinnati Children's has an adequate supply of PPE but does not have supplies to share with private practices. We are currently urging employees to use PPE (masks and gowns) judiciously, given supply chain issues regarding this equipment. The Centers for Disease Control and Prevention (CDC) has posted a table to clarify [PPE recommendations](#)

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March 9, 2020

Latest Research in Nature Indicates Children are Susceptible Children are just as likely to become infected with the coronavirus (COVID-19) as adults, according to a recent study based on data from Shenzhen, China. Researchers followed people infected with the virus and their close contacts and found that children under 10 who had a potential exposure had the same chance of becoming infected as other age groups; 7 to 8 percent of contacts of known cases later tested positive. The authors also found that people who lived in the same household as someone infected were about six times more likely to become infected than those exposed in other settings. The study was led by infectious-disease epidemiologists Justin Lessler and Qifang Bi at Johns Hopkins and Ting Ma at the Harbin Institute of Technology in Shenzhen and Tiejian Feng at the Shenzhen Center for Disease Control and Prevention. The [analysis](#) is posted to the medRxiv preprint server.

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U.S. Department of Health & Human Services Issues Guidance on Privacy

The U.S. Department of Health and Human Services has issued a [bulletin on HIPAA privacy and COVID-19](#) to ensure organizations associates are aware of the ways that patient information may be shared. Privacy rules are not set aside in an emergency, but may be different.

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March 6, 2020

The More You Know: COVID-19 Testing

Currently, COVID-19 testing is available only through the Centers for Disease Control. Cincinnati Children's is working to get a local test up and running. In the meantime, be aware that while existing testing can identify strains of coronavirus, current testing cannot detect COVID-19. If a patient has tested positive for any of the viruses detected by the Cincinnati Children's Syndromic Respiratory PCR (which include Coronaviridae 229E, HKU1, NL63, and OC43) that does not make COVID-19 infection more likely. A patient testing positive for any of these viruses should be placed in contact+droplet isolation until they no longer have symptoms.