

# **PREPARE NOT PANIC: COVID-19- CDC UPDATE AND THE HEALTH CENTER RESPONSE**

*MARCH 6, 2020*

# THE NACHC MISSION

## **America's Voice for Community Health Care**

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



**WELCOME TO THE WEBINAR**  
**Everyone's phone line is on mute.**  
**You should not be hearing any audio**  
**during this time.**

# Today's Webinar will start soon

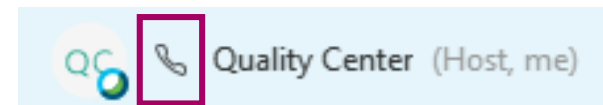
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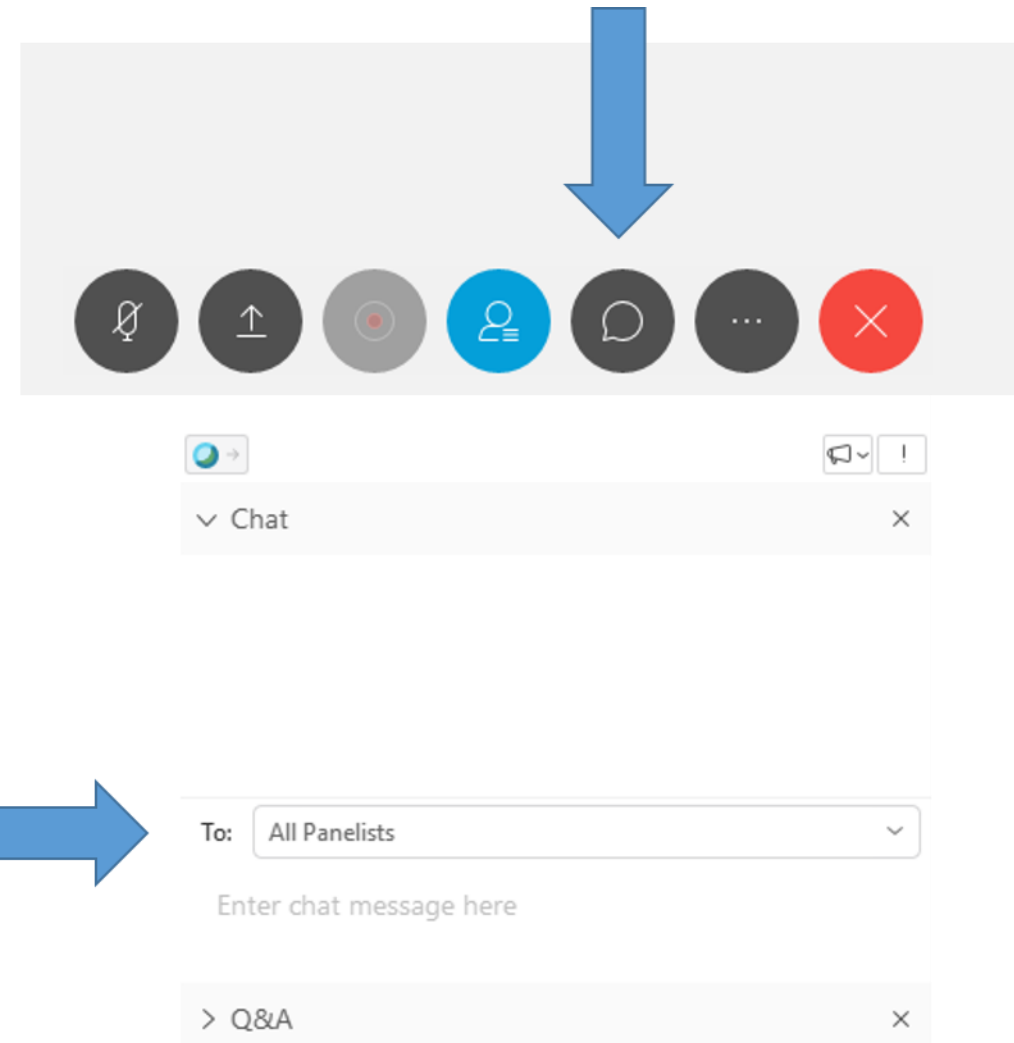
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# ASKING QUESTIONS

1. **The chat feature** is available to ask questions or make comments anytime.
2. **Click the chat button** at the bottom of the WebEx window to open the chat box on the bottom righthand side of the window.
3. **Choose “All Panelists” or “All Participants,”** as appropriate.
  - Type your question.
  - Click **“Enter”** to send your question.
4. **Questions from the chat** will be answered and later posted on the NACHC website ([www.nachc.org](http://www.nachc.org)).



# OUR PRESENTERS



***Ron Yee, MD, MBA, FAAFP***

Chief Medical Officer, National Association  
of Community Health Centers



***Lisa Koonin, DrPH, MN, MPH***

Senior Consultant, Centers for Disease  
Control and Prevention



***Tina T. Wright,  
Director of Emergency Management***

Massachusetts League of Community Health  
Centers/Chair, Emergency Management Advisory  
Coalition (EMAC)



# OUR PRESENTERS *(continued)*



***Lisa DiFedele, MPH***

Infection Prevention and Control  
Administrator, International Community  
Health Services



***George Lee, MD***

Chief Medical Officer,  
Asian Health Services



***Marisol Murphy- Ballantyne, MSHCA***

Director, Digital Communication, National  
Association of Community Health Centers

# AGENDA

1

WELCOME AND  
INTRODUCTIONS

2

UPDATE FROM CDC

3

EMERGENCY  
MANAGEMENT ADVISORY  
COALITION RESOURCES

4

PUBLIC HEALTH DEPARTMENT AND HEALTH  
CENTERS WORKING TOGETHER

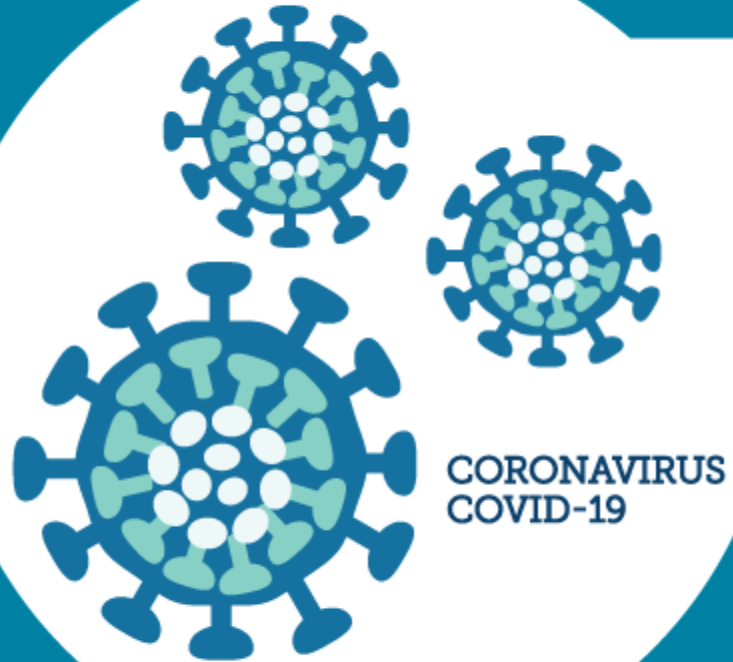
5

PROVIDER AND PATIENT ENGAGEMENT

6

Q/A AND NACHC RESOURCES





# **PREPARE NOT PANIC:**

## **ACCESS COVID-19 RESOURCES**

**[WWW.NACHC.ORG/CORONAVIRUS](http://WWW.NACHC.ORG/CORONAVIRUS)**


Contact [preparedness@nachc.org](mailto:preparedness@nachc.org) for questions

# WWW.NACHC.ORG/CORONAVIRUS

Appointments  
<https://resnik.mytherabook.com>

[f](#) [t](#) [i](#) [y](#) [in](#) [v](#)

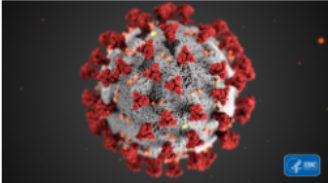
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## Novel Coronavirus (COVID-19) Information and Resources for Community Health Centers



NACHC's novel coronavirus (also known as COVID-19) resource page is a hub for information Community Health Centers can use to strengthen readiness efforts and educate their communities. [Learn more about how NACHC is addressing COVID-19.](#)

Check back for regular updates.

Updated 3.4.2020

### CDC Update

At noon on Tuesday, March 3 the Centers for Disease Control and Prevention (CDC) [reported 60 cases of COVID-19 from 12 states](#). Twenty-two of these cases are travel-related; 11 are believed to be person-to-person spread; and for the remaining 27 the source of exposure is still under investigation. [Learn more.](#)

### Webinar

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- [Committees](#)
- [NACHC Awards Programs](#)
- [Membership FAQs](#)

# Thank you!





# Asian Health Services COVID-19 Response

AS OF 10AM PST 3.5.20

GEORGE LEE M.D.

CHIEF MEDICAL OFFICER

# Asian Health Services



- Founded in 1974
- Federally qualified community health center located in Oakland, California
- Provide services in English and 14 Asian languages: *Cantonese, Mandarin, Vietnamese, Korean, Cambodian, Mien, Hmong, Lao, Mongolian, Tagalog, Burmese, Karen, Karenni, and Thai*
- Provide primary care, dental and behavioral health care to nearly 30,000 patients

# Objectives



- ▶ Share our experience in responding to Covid 19
- ▶ Share best practices and challenges



# Timeline



- ▶ January:
  - ▶ Convened organizational Incident Response Team
  - ▶ Designing and implementing our response
  - ▶ Screening procedures, supply chain control, PPE training
- ▶ Feb:
  - ▶ Community meeting (County Supervisor, business leaders, county public health dept and media)
  - ▶ Reminder calls addressing Covid 19
  - ▶ Staff meeting trainings, department trainings, Board training
- ▶ March:
  - ▶ Community mitigation planning
  - ▶ working on telehealth visits



# Best practice



- ▶ Incident response team that pulls across the organization
  - ▶ Established leads in Logistics, Public Information, Command
  - ▶ Need active participation from HR and facilities
  - ▶ Manage medical and non-medical sites (dental, mental health) and sites without AIIR (school based)

# Clear protocols by job function



## Provider Protocol for COVID 19

1. If APC (NP/PA), consider notifying preceptor about case before heading into room.
2. Don PPE. Follow posted instructions.
3. If translation needed, use telephone. Have interpreter staff call the room extension.
4. If meet PUI or any questions, call Public Health.
5. If need to collect specimens, call out to nursing station or send Epic message and HC/HN will bring to you.
6. After visit is done, patient can be sent directly home (no need to wait for check out).
7. If needs CXR or labs, send to ED.
8. If need preceptor, call to nursing station. HC/HN will get preceptor.
9. Remove PPE/ exit room. If PUI, then do not reuse N95.

## Questions about what to do: Call Alameda Public Health Dept.

Mon - Fri 8:30 - 5pm: 510-267-3250

After hours: 925-422-7595 (ask to speak to Public Health Officer on call)

## Home Isolation:

If you have a patient who is a potential PUI, but doesn't meet full criteria, I would recommend:

1. Self isolation at home: (stay home as much as possible, avoid public areas, wear a facemask)
2. Monitor for sx. (eg. If pt only has cough, some are recommending check temps BID)

# Communications



- ▶ Designing protocols: need to digest and simplify for staff
  - ▶ 2 weeks of symptom onset = 3 weeks
  - ▶ Close contacts = live or work with
- ▶ Weekly communications to specific groups
  - ▶ managers
  - ▶ provider/nursing
  - ▶ all staff
- ▶ Signage
- ▶ Patient reminder calls

# Reminder calls



- ▶ "If you or someone you live with, have returned from international travel in the past 14 days, we recommend the following:
- ▶ 1-monitor yourself for fever and cough.
- ▶ 2-If you have a non urgent appointment, please consider rescheduling.
- ▶ 3-If you have any symptoms, please call ahead before coming to your appointment



# Education



- ▶ Videos
- ▶ In person training by department
- ▶ Practice skills
- ▶ Posted PPE instructions
- ▶ Spotter when donning PPE

# Equipment



- ▶ Pre-packaged PPE
- ▶ Stethoscopes for use in isolation rooms
- ▶ Central inventory management with targets and analysis
- ▶ Sourcing multiple vendors

# Facilities



- ▶ Increase disinfection of waiting room, high touch areas
- ▶ Confirm AIIR functionality
- ▶ Surge planning if no AIIR available: identify other rooms
- ▶ Purchase portable HEPA units



# Community



- ▶ Community event with partners and media
- ▶ WeChat messages
- ▶ Radio/ newspaper messages
- ▶ Patient newsletter



## 屋崙亞健社呼籲 對疫情不必恐慌

面對華埠商舖營業額下降，亞裔居民不敢出入公共場所的情況，服務社區將近50年的亞健社醫務主任李公廉（George Lee）在「健康華埠」流感季節工作坊上代表亞健社發表聲明說：「阿拉美達縣內沒有新冠肺炎病例，亞健社也沒有確診過新冠肺炎病人。」他指出，亞健社會遵

[www.singtaousa.com](http://www.singtaousa.com)

# Quality improvement



- ▶ Tracking all cases via Chief Complaint = "isolation"
  - ▶ Pull report based on that key word
  - ▶ Weekly review to ensure good clinical care and follow up
- ▶ Gather questions and answers: FAQ
  - ▶ Refine protocols
  - ▶ Support staff
- ▶ Pilots:
  - ▶ Tried screening at front door. Percentage too low to make it worthwhile
  - ▶ Telehealth

# HR



- ▶ Return to work policies
  - ▶ From travel or from sick leave
- ▶ Plans for telecommuting
- ▶ Protecting high risk groups

# Emergency Operations Plan



- ▶ Community mitigation planning. What should we do about:
  - ▶ Home visits
  - ▶ Outreach events
  - ▶ Conferences and meetings
- ▶ Emergency text groups
- ▶ Critical functions and back ups (not just CEO, but purchasing etc)

# Challenges



- ▶ Social media rumors
- ▶ Managing staff and patient anxiety
- ▶ PPE supplies
- ▶ Testing issues
- ▶ Financial impact with decreased visits



# Summary



- ▶ Coordinated response across agency
- ▶ Clear, practical and targeted communications
- ▶ Work with community and partners