Pediatric Director's Fourm Discussion Call Summary

Monday, March 16, 2020

1:30-1:30 pm EDT

DISCUSSION TOPIC: Managing COVID-19

*This information is current at time of call.

I.   Identified Organizations- 16 organizations identified themselves as present on the call.

II. Group Discussion:
A. Has your organization altered visitor/visitation policies? Are you providing patient/family health screenings?
1. ORG A
a. 2 people allowed as visitors to inpatient hospital
b. 1 person allowed to accompany patient in ambulatory care centers – cancelled outpatient rehab visits at main hospital
c.   no siblings or other children permitted to accompany to outpatient visits
d. calling families before scheduled visits to relay changes in policy
e. Robotics/aquatics programs cancelled
2. ORG B
a. Similar to ORG A
b. Screening families/patients before visits
3. ORG C
a. Screening people/families in cars in parking garage before entering
b. Screening again in hospital by access members before arrival at rehab
c. Limiting to 1 adult caregiver, no siblings permitted
d. If family arrives with 2 caregivers and siblings, one caregiver and children instructed to remain in care while the other accompanies to appointment
4. ORG D
a. Phone screening with patients prior to appointments
b. Cancelling all with symptoms for 14 days
c. Trying to figure out a work from home option but haven't figured that out yet

B. Have you changed meeting structures, frequency, employee travel?
1. ORG A
a. No planned employee travel (cancel scheduled continuing education)

      b. Using Zoom Platform and conference calls
2. ORG B
      a. No employee travel
3. ORG C posed question: how long have you cancelled courses?
      a. ORG D – 30 days
      b. ORG E – postponed until fall
      c. ORG F postponed through April
      d. ORG G – through April 15th
4. ORG F
      a. Online and skype meetings as possible (dept and hospital wide)

C. Have you made specific clinical care changes due to virus?
1. ORG A
      a. cancelled all non-essential outpatient services for 2 weeks
      b. Essential services deemed:
          i. Patients in midst of serial casting
          ii. Post-operative
          iii. Those assessed to significantly regress with 2 week break
2. ORG B
      a. Looking to identify high risk patients
      b. No cancellations yet
3. ORG C: Cancelled all OP Services
4. Question: What are people doing with new referrals?
      a. ORG D – not scheduling new evaluations unless essential (ie: post-operative)
      b. Patients triaged by supervisors
5. Question: Have you prioritized certain diagnoses differently?
      a. ORG E – looking at risks associated with providing care for inpatient populations where the care provided is for developmental support
      b. ORG F- Considering cancelling immunocompromised/high risk diagnoses unless absolutely necessary
6. Question: What are orgs doing with Clinical Students?
      a. ORG G– suspended all clinical student activity organization wide
      b. ORG H – no volunteers, no student observers, clinical students are following the guidelines of their schools
      c. ORG I – no volunteers, students are not assigned to any patients that require isolate precautions/PPE in order to conserve
      d. ORG J – same as ORG I

D. Does your organization use telemedicine or remote services? What disciplines have used this?
1. Several Inpatient providers
      a. Attempting to coordinate televisits for specialists for inpatients
      b. No one doing them yet
2. ORG A
      a. Did teletherapy pilot for OT services about a year ago
      b. Successful clinically
          i. Initial difficulty setting up first visits due to technology glitches,
          ii. subsequent sessions went smoothly and efficiency improved
      c. Had difficulty with reimbursement
          i. Needed modifiers to CPT/billing codes

3. Question: ASHA Requirements for Telehealth?
   a. Group consensus that telehealth requirements are state by state
   b. Some states are waiving/amending requirements during this outbreak
4. ORG B
   a. Looking into regulations ie; HIPAA
   b. Exploring for Early Intervention use
5. Question: What platforms are people using?
   a. Group to investigate and share via forum
6. Question: Is anyone doing telephone visits/check ins?
   a. ORG C – using phone calls for case management
   b. Group thought that even if phone call is non-billable, might be good for patient care during a break
   c. Group thought phone calls could be effective for feeding/swallowing/medically fragile infants where a lot of parent/caregiver education is provided

E. Have you changed practices regarding group activities or communal treatment areas?
   1. ORG A
      a. No group activities, treatments spread out among available space
      b. Social distancing: removed some waiting room chairs and placed the remaining chairs 6 feet apart
      c. Only 1 adult permitted to accompany each child
   2. ORG B
      a. Sensory room – using Oxiver spray on lycra swing after every use

F. How has this impacted your staff?
   a. ORG A - still figuring out the financials; hoping not to furlough staff
   b. ORG B
      i. Prepare for school closures
      ii. Updating HR policies ie: Paid administrative leave for individuals for self-quarantine due to travel
   c. ORG C
      i. While schools are closed, staff working from home on projects
   d. Staff concern: them spreading virus to the children
      i. Talking points on that:
         a. There are risks every day even before Covid-19 virus was identified
         b. Standard precautions protect us all
         c. We are screening appropriately to minimize this risk
   e. How to utilize staff?
      i. ORG D – considering using therapists to help with childcare for essential hospital personnel (same protocol as with natural disasters/hurricanes)
   f. PTO policies for staff facing childcare issues with closed schools?
      i. Many organizations looking at official policies
      ii. Unprecedented circumstances for most

Summary compiled by: Cindi Hobbes