

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

May 6, 2020



Logistics

- All computers/phone lines are muted.
- Please turn off camera during presentations.
- 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 can unmute you so you can speak – look at bottom of participant list

Invite

Unmute Me

Raise Hand



Speakers

Susan Herman, MD,
NAEC President and Medical
Director, Barrow Neurological
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Fred Lado, MD, PhD,
NAEC Vice President and Medical
Director, Hofstra Northwell
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Medical Director, Columbia
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Director, Northwestern Medicine
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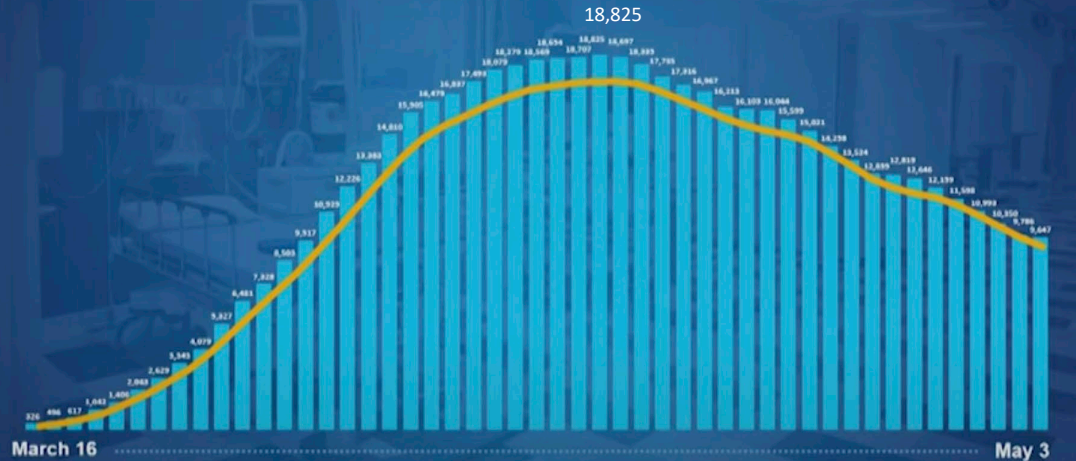
Governor Cuomo Outlines Additional Guidelines for When Regions Can Re-Open



Watch later Share



Total Hospitalizations



STAY HOME. STOP THE SPREAD. SAVE LIVES.

MORE VIDEOS



2:38 / 29:08





"Hotspots" Facilities with Greatest Total COVID-Related Hospitalizations



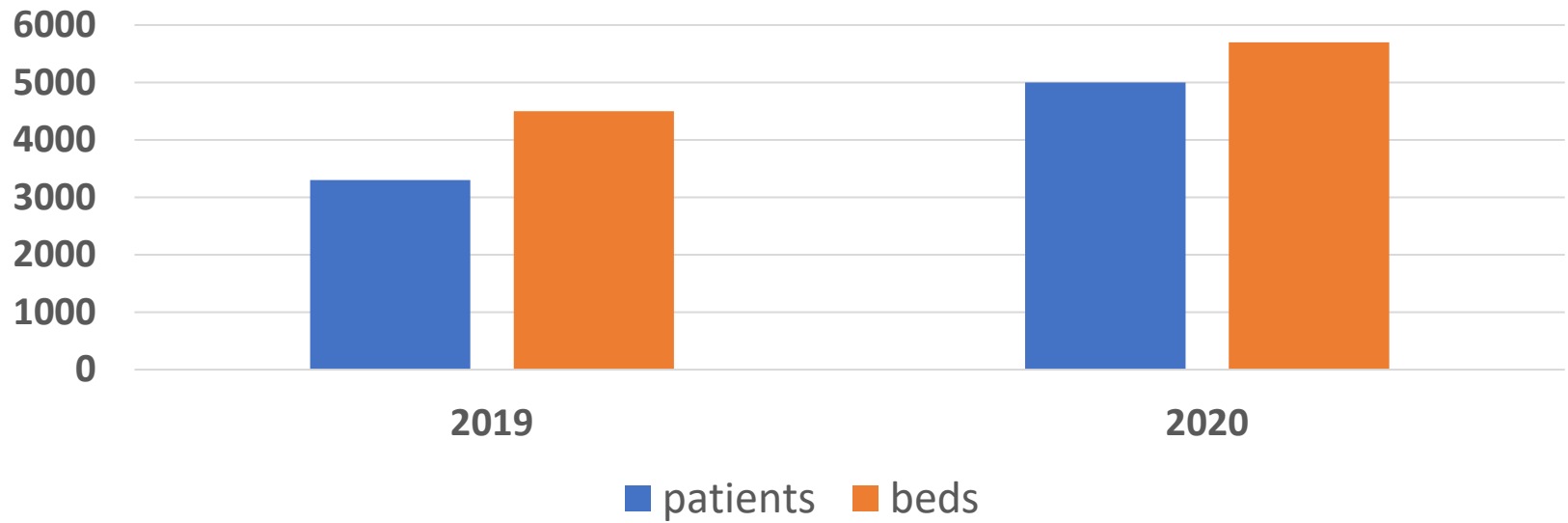
STAY HOME. STOP THE SPREAD. SAVE LIVES.



April 3, 2020

Early Days

COVID19 Surge



Early Issues

- Outpatients cancelled
- Shift to phone- and tele-visits delayed by loss of appointment calendars.
- Limited access to tele-visit platform.
- Limited familiarity with remote conferencing platform (MS Teams)
- Uncertainty about staff redeployment
- Anxiety among EEG techs
- Sharp decline in inpatient EEG requests. Outpatient EEG lab closed.

Early responses

- Outpatient practice closed – most faculty and staff begin to work remotely
- Phone and tele-visits were scheduled and completed before administrative guidance in place -> confusion in billing.
- Limited access to tele-visit platform led to improvised solutions (Google voice, Doxy.Me)
- Daily team huddle on MS Teams – useful for troubleshooting new problems

Early responses

- EMU closed
- All EEG were vetted by MD to ensure study was warranted and assess COVID19 risk before sending tech – **very time consuming.**
- EEG techs organized to teams to minimize team exposure to patients subsequently found to be COVID19+
- EEG tech staffing reduced to minimal in-hospital staff with others on-call.

Communication and data very helpful

- Daily Epilepsy team call – fellows, techs, MDs – 30 min, now twice weekly
- Departmental call 3x per week, now twice weekly
- Health system informational videos (30 min) – 3x per week, now weekly.
- NY State Governor daily briefings

Mid-way – 1 month into COVID19 surge

- Redeployment begins – 2 epilepsy faculty (of 6) sent to inpatient units
- Coverage of on-call schedule and outpatients of redeployed faculty.
- Anxiety about when admissions would peak and access to PPE.
- Tele-visit platform rolled out, but office workflow supporting televisits not in place. (Televisits become tech-call visits.)
- Referrals for EEG or inpatient EMU testing all but disappear.

Present Concerns

- Re-opening EMU – ED admissions now increasing
- Re-opening ambulatory practice – EEGs and visits
- BUT
 - Patients do not want to return to hospital based care yet – frightened.
 - High COVID prevalence will limit office volumes
- Establishing effective office work-flow for telemedicine

Practice

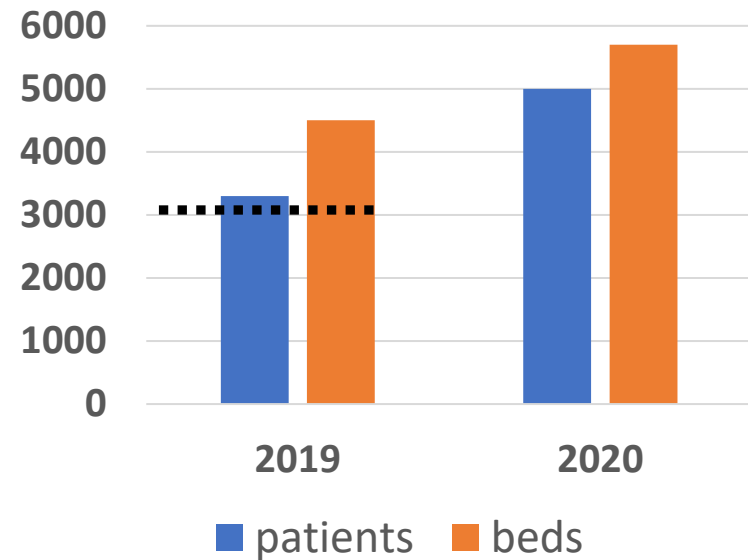
- All patients tested for COVID on admission to hospital – results in < 4h
- No visitors or family in hospital currently.
- Elective admissions require pre-hospital COVID testing – but not yet clear where to get it one-day prior to admission.
- Outpatients and elective admissions to answer screening questions by phone.
- Re-screening patients on arrival to EMU or office, masking, rooming as needed



Future

- Preparing for second surge
- Telemedicine is likely to remain large part of practice.
- Governor mandated hospitals not to exceed 70% of capacity.
 - EMU beds may be tight during busy time of year (Winter)

COVID19 Surge



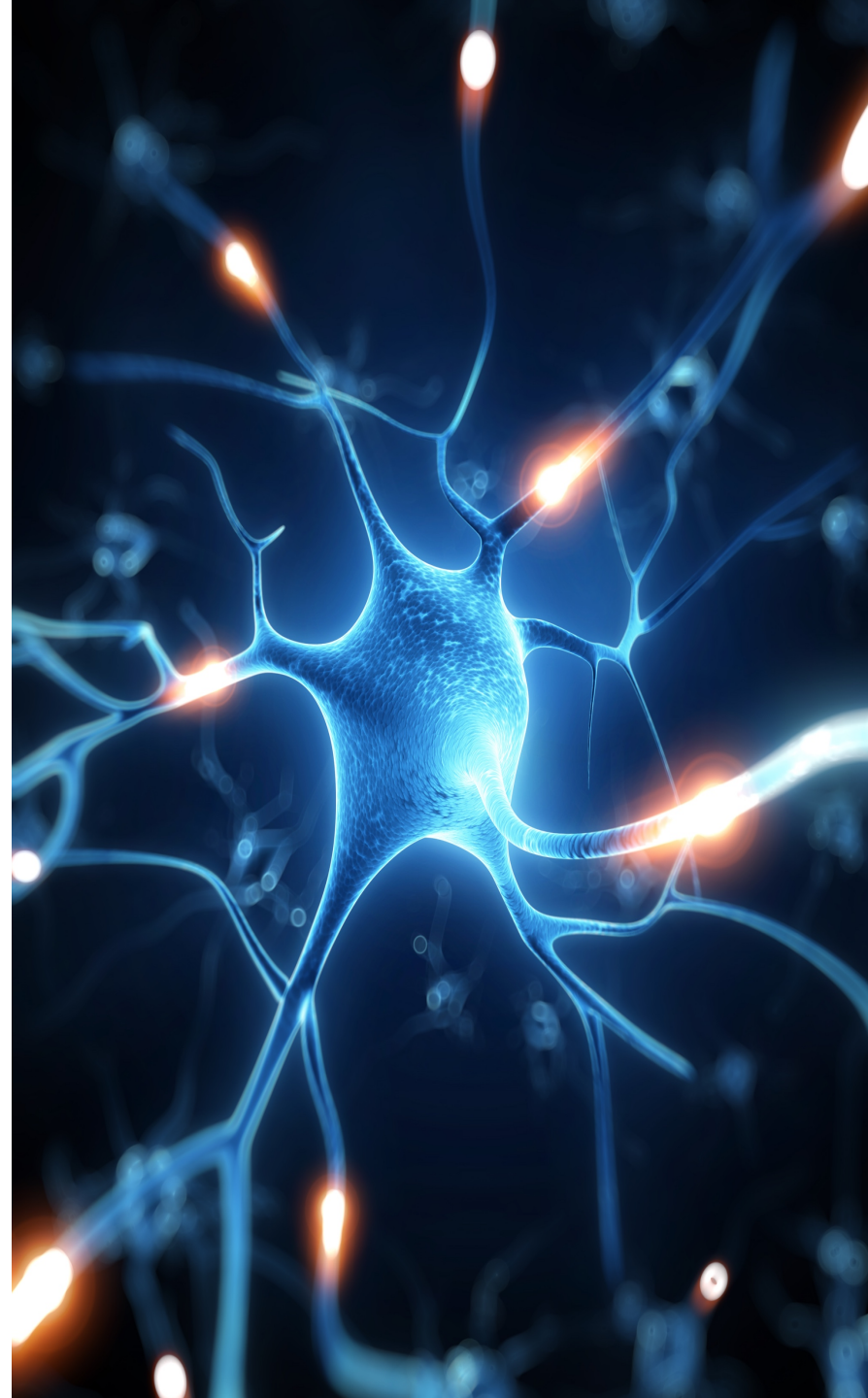
Carl W Bazil, MD, PhD,
Medical Director, Columbia
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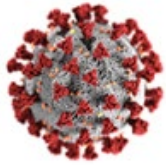




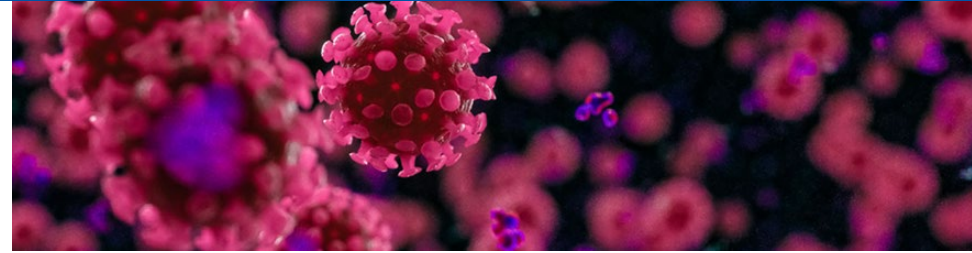
Epilepsy Division Operations During COVID Pandemic

Meriem Bensalem-Owen, MD,
FACNS, FANA, FAES





COVID-19 DAILY BRIEFING



State with low risk incidence

Daily communications and updates

UK HealthCare MONITORING

Since the beginning of COVID-19 in Kentucky:

- 179 positive tests
- 10 current COVID-positive inpatients
- 3,988 negative tests
- 4,167 total tests

UK HEALTHCARE COVID-19 INPATIENTS

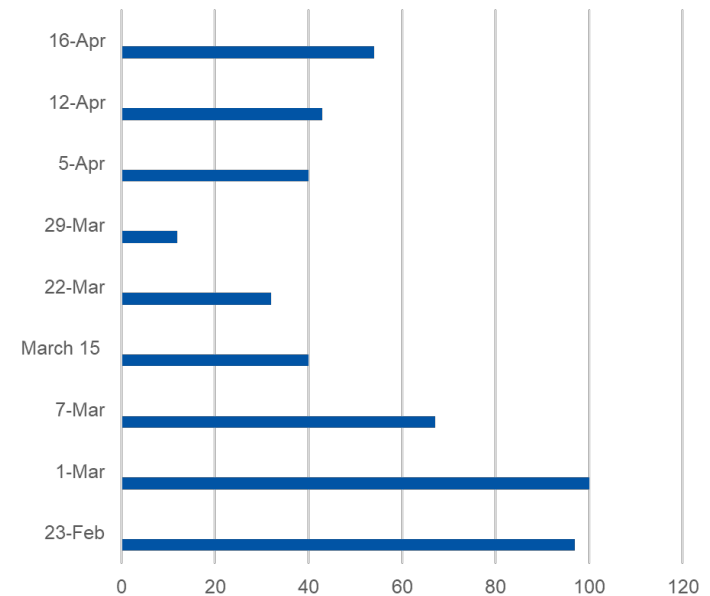
LEVEL 1: 0-46	LEVEL 2: 47-128	LEVEL 3: 129-256	LEVEL 4: 257-384	LEVEL 5: 384+
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5/4/20: 10

Epilepsy Services- Pediatric & Adult

- Outpatient Services/ KNI Epilepsy Clinic
 - In person encounters converted to Telehealth (few phone visits)
 - In person visits for patients with implanted devices for epilepsy requiring setting adjustments: RNS, DBS and VNS
- Inpatient Services
 - EMU service: Adult and Pediatric EMUs closed since March 23
 - Video-EEG monitoring inpatients/ critically ill- Sharp decrease in requests
 - Ambulatory EEG studies
- Surgeries
 - 1 RNS battery change
 - 1 temporal lobectomy requiring intra-op monitoring (ECoG)
- Clinical Research
 - Enrollment on hold

Video-EEG Studies / Week



Reopening of Services

- Outpatient Services/ Epilepsy Clinic
 - In person visits: week of May 4
 - Telehealth maintained
 - Comply with social distancing principles
 - minimizing time and patient volume in waiting areas
 - space chairs
 - Staffing considerations: 2 nurses and 1 research coordinator were furloughed.
- EMU
 - Equipment upgrade week of May 11
 - Reopening week of May 18
 - Considerations: Testing for COVID, staffing, PPE, equipment, visitors policy...
 - Criteria for elective admission

Criteria for Elective EMU Admission

➤ Workgroup

- Weekly Epilepsy Conference converted to Operations & Business meeting
- Epileptologists, EEG lab manager, neuropsychologist, nursing and administrative coordinators
- Communication with neurosurgeons and neuro-radiologists
- Review list of previously cancelled admissions/placed on hold and new requests

➤ Prioritization Criteria

- Pre-surgical work up (phase I and II, Ictal SPECT)
- High seizure burden
- Potential for changes in management based on monitoring results
- Potential for progression of disease

EEG Laboratory (Outpatients)

Outpatient EEG visits phased in over several weeks:

- Appropriate screening for all patients and visitors.
- Week 1: 4 outpatients per day
- Week 2: 8 outpatients per day
- Limitation of waiting room to 2 patients, one or both of whom may be a singly-accompanied child
- Due to prolonged contact and proximity between patient and technicians, appropriate safety measures (e.g., face masks, face shields, PPE) will be employed at Medical Center standards

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Questions?

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