

# **NAEC Town Hall on COVID-19 and Center Operations – Pediatric Centers**

May 8, 2020



# Logistics

- All computers/phone lines are muted.
- Please turn off camera if you aren't speaking.
- If audio is spotty, switch to audio by phone.
- 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 will call on you to speak – look at bottom of participant list

Invite

Unmute Me

Raise Hand



**Susan Herman, MD**  
NAEC President and Medical  
Director, Barrow Neurological  
Institute Comprehensive Epilepsy  
Center



# Speakers

## **Susan Herman, MD**

NAEC President and Medical Director, Barrow Neurological Institute Comprehensive Epilepsy Center

## **Courtney Wusthoff, MD**

Co-Medical Director, Stanford Children's Health Pediatric Epilepsy Center

## **Phillip Pearl, MD**

Medical Director, Boston Children's Hospital Comprehensive Epilepsy Center

## **Susan Arnold, MD**

Chair, NAEC Accreditation Committee and Medical Director, Comprehensive Epilepsy Center - Children's Medical Center Dallas

## **Dave Clarke, MD**

NAEC Board Member and Medical Director, UT Health Austin Pediatric Neurosciences at Dell Children's Comprehensive Pediatric Epilepsy Program



# Experiences from an Early Incidence Area

**Courtney Wusthoff, MD MS**

Associate Professor, Neurology

With thanks to:

Brenda Porter, MD PhD and

Bill Gallentine, DO

LPCH's awesome EEG techs

# Santa Clara Timeline

- [Feb 6- first COVID-19 death in the US; identified by coroner April 21<sup>st</sup>]
- Feb 26- community transmission in nearby county
- Feb 28- community transmission in Santa Clara
- Early March- schools start to close, businesses shift to work from home
- Mar 13- Public schools close
- Mar 16- Shelter-in-Place order for Bay Area
- Currently extended through May 31st



# Santa Clara County COVID-19 Cases Dashboard



Data last updated May 7, 2020

This dashboard provides detailed data on cases of COVID-19 in Santa Clara County. Due to limited testing capacity, the information reported represents only a small sample of the likely total COVID-19 cases in Santa Clara County. Increased testing availability is expected to increase the number of confirmed COVID-19 cases reported.

Total Cases  
**2281**

New Cases  
**19**

Total Deaths  
**127**

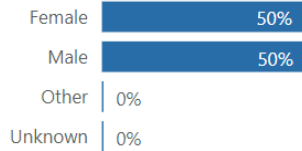
New Deaths  
**1**

Currently Hospitalized  
**113**

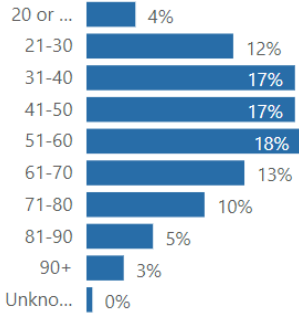
Page Navigation



### Cumulative Cases by Gender

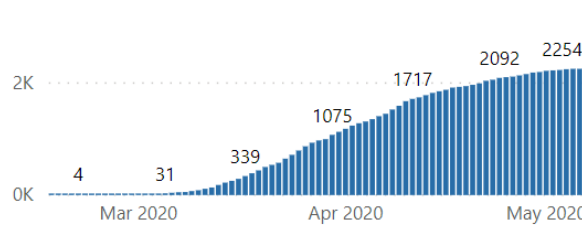


### Cumulative Cases by Age Group



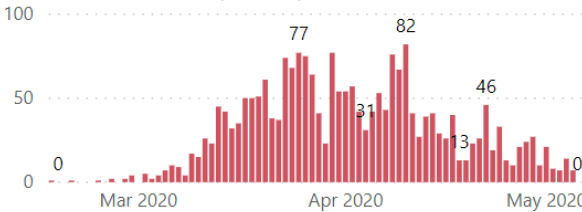
### Cumulative Cases by Specimen Collection Date

Values for the most recent 5 days will likely increase as additional results are received.



### New Cases by Specimen Collection Date

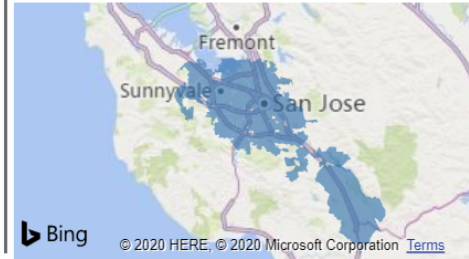
Values for the most recent 5 days will likely increase as additional results are received.



### Cumulative Cases by Race/Ethnicity

Race/Ethnicity	Percent of Cases	Percent of Population
African American	2%	2%
Asian/Pacific Islander	22%	33%
Latinx/Hispanic	38%	27%
Other	4%	3%
Unknown	16%	0%
White	18%	34%
<b>Total</b>	<b>100%</b>	<b>100%</b>

### Cumulative Cases by City



Source: California Reportable Disease Information Exchange, California Department of Finance.

Note: The graphs do not include 27 patients that did not have a valid date for when their specimen was collected. These patients are included in the total numbers presented above. Case counts for cities with less than 10 cases are not provided. Currently hospitalized includes suspected cases. New cases represent newly identified cases since last reporting. Specimen collection date may vary. Other category on race/ethnicity graph includes American Indian/Alaska Native.

# What's the status of the pandemic?

Global US US State SF Bay Area

Confirmed Cases

**9,145**  
▲ 172 new in last 24 hours

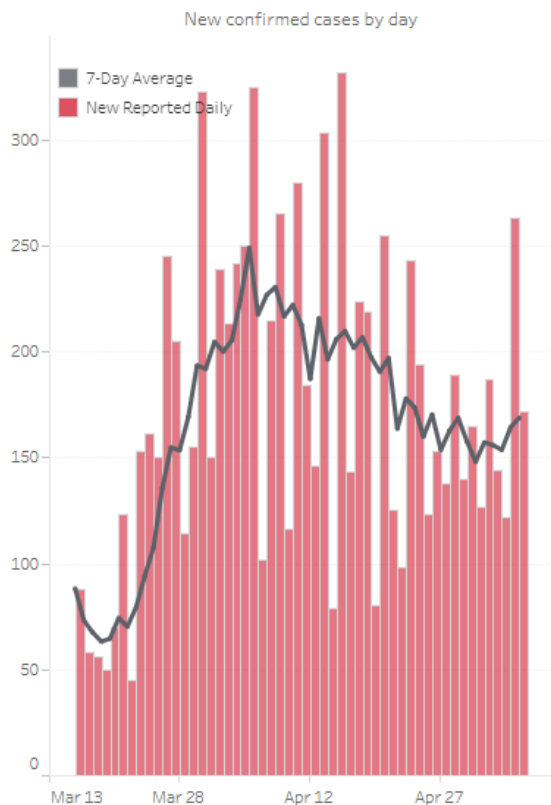
Fatalities

**334**  
▲ 7 new in last 24 hours

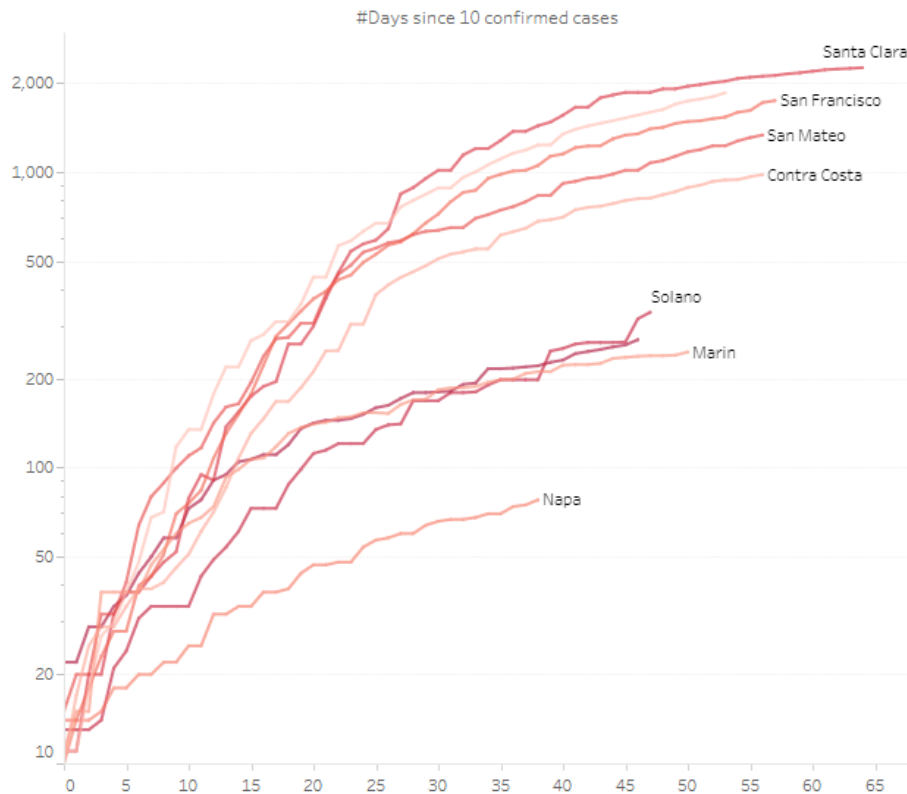
As of 5/6/2020

● Confirmed Cases  
○ Fatalities

### New Confirmed Cases - SF Bay Area



### Confirmed Cases - SF Bay Area (By County)





# Early Response

- No precedent to guide response
- Staffing greatest problem in first week
- Quick shift to only most emergent services
  - Outpatient clinic visits moved to telemedicine
  - Outpatient EEGs limited
  - EMU admissions cancelled → ambulatory EEG in some cases
  - Inpatient EEG with reduced availability
- Inpatient EEG requests dropped significantly

# EEG Services During COVID-19

- Testing only available for symptomatic patients
- Strict standard precautions
  - Everybody masked throughout hospital
  - Patients with or likely to have aerosol generating procedures (AGPs) treated as PUI, cohorted in hospital
- For PUI with tests, EEG postponed pending results if possible
- No hyperventilation during EEG if status unknown
- 2-3x per week check ins with lab, inpatient team
- Weekly workflow updates

# Re-opening

- California and Santa Clara guidance
- 1st week May- encouraged to resume full services
- Message to patients through EMR, social media, website
- Late April- Stanford testing all hospital staff
  - Lower incidence than community– PPE works
- May 7- Stanford testing all patients upon admission
  - Encouraging testing 24-72 hours prior to admission at drive-thru testing sites
  - If not completed, will do rapid testing upon arrival for admission
  - EEG techs do not apply electrodes until results back
  - If positive, EMU admission cancelled

# Re-opening

- EMU reopened this week
  - Families receive a call 72 hours prior to admission to screen for symptoms
- Have not needed to limit number of admissions
  - Some families reluctant to come to hospital
  - Watching backlog, mindful of summer crunch
- Santa Clara limits to 1 adult accompanying throughout admission (not testing family)
- Staffing impacted
- Outpatient EEG ramping up
- Outpatient clinics remain primarily telemedicine through June 15

**Phillip Pearl, MD**

Medical Director, Boston Children's  
Hospital Comprehensive Epilepsy  
Center



# Childrens Medical Center Dallas Comprehensive Epilepsy Center

Susan T. Arnold, MD

Professor of Pediatrics, Neurology and Neurotherapeutics

UT Southwestern Medical School

# Phase 1 – Closing Down, Learning to Practice at a Distance

- EMU admissions limited to urgent patients only (<1/week)
  - Unstable epilepsy with high risk for injury and/or likely to require ER services
  - All referrals reviewed/triaged by Epilepsy center director
- EEG outpatient studies only if essential for immediate medical management decisions (5-10% of normal)
  - Referring MDs determine if patient cannot be managed without EEG
  - Some EMU studies converted to 4 hour outpatient video EEG
  - Inpatient services unchanged, techs follow hospital PPE rules
- All clinic appointments converted to telemedicine (>300/week)
  - Clinic remained open for urgent patients, VNS/RNS programming
  - Emergency privileges obtained from hospital
  - Texas Medical Board passed emergency rules allowing all visits to be done by phone with or without video

# Phase 2 – Reopening, Retooling Processes for Infection Control Measures

- EMU to reopen at 20% of usual volume on 5/18/2020
  - Studies prioritized by medical director
  - Presurgical evaluations, frequent/daily seizures, establish NES diagnosis
  - Invasive surgical cases to begin 6/1/2020
  - Hospital declined to offer pre-admission COVID testing
- EEG lab to reopen at 50% of usual volume 5/11/2020
  - Backlog of deferred studies vs. patient/caregiver resistance to in person appointments
  - Appointment times staggered, workflow changed to allow distancing
  - Masks required but procedure not considered high risk, no N-95 use
- Clinics reopen at 20% of usual volume 5/11/2020
  - Workflow adjusted to allow distancing for both patients and physicians
  - RN interview done by phone prior to visit, scheduler check-out done in exam room
  - Some percentage of return visits will continue to be done by telemedicine



# Phase 3 – Long Term Changes and Managing Backlog

- EMU Admissions
  - Anticipated backlog of deferred EMU admissions and invasive monitoring cases may require increasing admissions.
  - Secondary EMU attending assigned for July-August
- Telemedicine will become a significant component of outpatient clinic practice
  - Improved service to patients with transportation issues
  - Improved service for immunocompromised patients, patients with medical equipment needs, and behavior disorders.
  - Children will miss less school time
  - Lower reimbursement may be offset by lower clinic overhead

# Logistics

- All computers/phone lines are muted.
- Please turn off camera if you aren't speaking.
- 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 will call on you to speak – look at bottom of participant list

Invite

Unmute Me

Raise Hand



# Questions?

[info@naec-epilepsy.org](mailto:info@naec-epilepsy.org)

202-800-7074

[www.naec-epilepsy.org](http://www.naec-epilepsy.org)

