

COVID-19 TASK FORCE

RNS COVID-19 Virtual Town Hall Executive Summary

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Cathy Patty-Resk, MSN, RN-BC, CPNP-PC

President of the Rheumatology Nurses Society
Children's Hospital of Michigan in Detroit

Vickie L. Sayles, MHA, BSN, RN-BC, CRNI

Department of Rheumatic and Immunologic
Diseases at The Cleveland Clinic Foundation

Linda Grinnell-Merrick, MS, NP-BC

Immediate Past-President of the Rheumatology
Nurses Society
Division of Allergy, Immunology, and
Rheumatology at the University of Rochester
Medical Center

Carrie Beach, BSN, RN-BC

Columbus Arthritis Center

Summary: With the growing need to get key questions and answers out to the rheumatology healthcare provider constituency, the Rheumatology Nurses Society (RNS) formed a COVID-19 Task Force to best address these questions and concerns on behalf both of their peers and the patients they serve during this pandemic. The first step in this was to have the RNS COVID-19 Task Force meet virtually on Thursday, March 26, 2020 from 6:30 PM-7:30 PM EST to address some of the questions and pressing topics that our members were submitting during the week. The following questions were raised: what is your current work situation during the coronavirus pandemic, how they are handling telemedicine verses essential appointments, what is currently happening in their infusion settings, staffing concerns, patients who are immunocompromised while also working in the ICU as a nurse, questions surrounding hydroxychloroquine, frequent lab monitoring regarding blood draws, and self-care during isolation.

1. What is the current situation where you work?

Carrie Beach: Additional precautions have been put into place such as

- Limiting the amount of visitors
- Thermal scans at the front door of the practice
- A sign on the front door requesting any patient with symptoms to contact their primary care physician (PCP)

Vickie Sayles: There are a lot of practices in place to prevent the spread of the virus.

- Limiting visitors throughout the entire hospital system
- Limited entrances to the hospital with greeters at every entrance
- Greeters take thermal scans of everyone's temperatures
- All visitors are required to [sanitize hands] before they are even allowed to enter the hospital

Cathy Patty-Resk: This is such a different situation. Adult ERs in the area are being hit really hard with COVID-19. Majority of COVID[-19] cases are currently in southeast Michigan, close to where I live. Downtown at the Detroit Medical Center, which is where I practice, hospitals are being flooded with COVID-19 patients. A couple of days ago, one of the large health system hospitals in the area were down to 4 ventilators.

2. *Are you currently doing tele-visits or are you still seeing patients in your clinic?*

Carrie Beach: Right now, only urgent patients are being seen and only infusion patients that are not presenting with symptoms are being seen in the clinic. Otherwise, everything has been done via telephone.

Vickie Sayles: Probably about 75% of patients have been changed to telemedicine. Vasculitis patients, and certain patients that the provider identifies as needing to be seen in person, are still coming into the clinic.

Linda Grinnell-Merrick: Also, primarily doing telemedicine and have implemented weekly Zoom meetings with APPs.

3. *What is currently happening with your infusion suites?*

Carrie Beach: We are calling patients a day before their appointment to let them know it is recommended that they continue treatment and to let them know if they are experiencing symptoms to cancel the appointment. Infusion suites have been spaced out to accommodate the 6-foot distance recommendations. Infusion chairs have been set up in patient waiting rooms. [We are] taking the extra steps to educate patients and ensure their safety.

Vickie Sayles: We are still having problems with patients cancelling even after calling and encouraging them to come in for their appointments and taking the same extra precautions to ensure their safety.

Linda Grinnell-Merrick: We are also taking the same precautions and calling patients 24 hours before their appointment to pre-screen them. We are using some of our patient clinic rooms to infuse patients to help separate so they aren't so close. Needs are being assessed, meaning, can some patients be spaced out a little? If it's a treatment for every 5 weeks, can we push it to 6 weeks?

4. *What is everyone doing about staff? Are nurses' hours being cut back?*

Carrie Beach: As of this week, we are trying to get nurses to cut back hours. Maybe work 10:00a-2:00p, or 4 hours a day, instead of the typical 10-hour day. As of this week, everybody was ensured they would be paid their normal weekly pay, but that could change next week. We are just not really sure.

Vickie Sayles: So far, I have been able to keep the nurses because our infusion room is full. We are in an ortho-rheumatology institute, and the ortho providers are opening 2 ortho-only emergency rooms in 2 different locations. I scheduled our M.A.s to work on the screening of patients coming into the building. I schedule them to work wherever I [can] in there, and let them know that the next step is the ortho emergency room. If we run out of room for them there, then we will have a float pool that will allow them to go anywhere within the hospital system.

Linda Grinnell-Merrick: Nurses are still pretty much coming in as usual. Since some patients have been isolated in clinic rooms, you really need more of a one-on-one nurse. We are utilizing nurses as of right now, but we also realize they can be deployed, any may be deployed in the next few weeks. We have also limited; so none of the faculty, none of the providers, my advanced practice providers (APPs) or physicians are going into clinics. We are all home, doing home visits and it is my job to make certain that there is one provider in each of the infusion suites that we have. As far as our administrative staff, the people that are greeting people at the door, have been severely limited – maybe one or two people.

5. *How much of a risk is it being on an RA medication and taking care of COVID[-19] patients while working as an ICU nurse?*

Carrie Beach: Essentially, we don't have any real data to show how much of an increased risk these patients are at. Last week, we were recommending any patient that is able to work from home, work from home. We were writing endless notes, trying to get them on medical leave if need be. I guess, being an ICU nurse, if she has to work, she has to work. Take normal proper precautions. Nothing additional that I think we would recommend. [We are] trying to educate patients and it has changed so drastically for me because I don't have anything to follow really. The CDC guidelines, yes, we are preaching that but as far as what extra risks they're at, we just don't know.

Vickie Sayles: What we are telling patients through the CDC guidelines, is that people that are immune compromised are almost in the same category as those that are diabetes, heart problems, anyone with comorbidities. They are at more risk because of their disease, but it's

just like having another type of comorbidity. They are just as at risk as those people but there aren't any clear guidelines yet for immunosuppressed patients.

Linda Grinnell-Merrick: Just do the best you can with your personal protective equipment, know who your patients are, always use good hygiene, wash your hands between patients and any point you can. We had to do COVID-19 training. They have videos and [other training resources] that show you how to effectively wash your hands and how to put on a mask and gown. That's why following those guidelines are so important.

6. *Are you using any additional PPE outside of the normal in infusion suites?*

Carrie Beach: We are not really doing anything additional at this point. Obviously, you distance yourself and wash your hands.

Vickie Sayles: Actually, we are not. We are trying to preserve the PPE for people who actually need it since there is a shortage.

Linda Grinnell-Merrick: Last week, we were doing the exact same thing. as of Monday, actually it may have started last Friday, we have enough regular masks we offer them (patients) a mask. For them to feel more comfortable we are actually giving our nurses regular masks to wear. We get one a day as long as that is not soiled, we can keep wearing it.

Cathy Patty-Resk: I went to occupational health [two weeks ago] and tried getting an N95 fitting [but] I wasn't able to. I was really upset about that. I didn't realize the adult hospitals were starting to get slammed a little and so they started conserving all of the PPE materials, even then.

7. *We are getting a lot of questions about the hydroxychloroquine situation, so what are you all telling your patients right now?*

Carrie Beach: There are pharmacies that are out of it, but thus far patients have been able to get it. I know that is going to deteriorate over the next few weeks. If [they're] low [or] close to refill time I am having them call their regular pharmacy and if their pharmacy doesn't have it, call around to a few different ones and then at that point if they can't find it, we are telling them that it is OK to decrease to one a day instead of 2 a day or whatever just to try and preserve that prescription.

Vickie Sayles: I don't think we are quite as into this as New York is. I am expecting the same challenges, but I don't think we have as many as you do quite yet.

Linda Grinnell-Merrick: Right now, for our governor's directive, these medications are being sent to New York City and rightfully so, to help those patients who are in dire straits. The other thing that is going to impact us are the IL6's. The IL6's are also being touted as possibilities and we are becoming fearful that we are not going to have enough of the IL6's for our infusion suites. I don't know if that is a concern. Regeneron is actually doing a study on their IL6, and we are participating in that study at the University of Rochester and hopefully other sites will be participating in those studies also.

Cathy Patty-Resk: I actually talked to a mom earlier that said the infusion center where she lives actually called her and told her that her daughter's infusion of Actemra was going to be delayed two weeks because of COVID[-19]. We know from prescribing hydroxychloroquine, some of the dangers with it and what to be careful with. Other providers start prescribing this medication, [if] they're prescribing it for the actual COVID[-19] patients that are sick that's one thing, but there are people that are actually prescribing this for themselves and family members as a prophylactic, if you will, or just in case we get sick, but they're not thinking about some of the dangers of this medication and taking it seriously. There's actually a condition, and we probably see this more in kids then you actually see in adults; by the time they reach adults they know they have this. It's a condition called G6PD, [which is] a genetic condition that's actually a lack of an enzyme that you need. It's a X linked recessive gene, which means that it affects boys and the females are carriers. It primarily affects African Americans and the Mediterranean population, so it actually makes the Italians very susceptible to this condition. On our [COVID-19] website we will have a slide share presentation about G6PD [that's] very good. Some of it's a little too technical for what most of us need, but it gets the point across of what happens with it. It's the result of oxidative stress. Basically, oxidative stress is what happens when the body is under any type of stress from an illness or an infection, anything like that. This medication causes the body to be stressed [which] leads to hemolytic anemia. Hemolytic anemia is caused by the oxidizing agent [which] can happen from medications; antibiotics such as sulfamethoxazole, antimalarials like chloroquine and hydroxychloroquine. They first discovered this was a problem with the antimalarials back in the war in 1950. [They started giving Primaquine] to all the soldiers to prevent malaria and found that a lot of the Mediterranean and the African American soldiers were having this hemolytic anemia, [which] was how it was discovered. [Another] class of medications that this can happen with are the antipyretics. Acetone is another one. There's also something that's called favism, [and] very few patients get this, but it's fava bean induced. [Patients are] taking this medication and now they're having problems with hemolytic anemia. So, we may start fielding these phone calls if this starts happening. Some of the symptoms of hemolytic anemia [are] dark urine, splenomegaly, fatigue, tachycardia, jaundice, shortness of breath. You have to remember when this is induced, it

can happen in a matter of hours. Hemolytic anemia is not something that builds up, so it is important to know that. G6PD is one of those conditions that they recommend that you do the testing before you put someone on this medication. The test that you would use is a quantitative G6PD. You can also do genetic testing, which is just looking for the G6PD mutation. If you get a phone call about someone having hemolytic anemia after starting Plaquenil hydroxychloroquine that could be it.

8. *In New York state, nobody can prescribe hydroxychloroquine unless they are actually prescribing it for the FDA indications. Is that true in all states?*

Vickie Sayles: It is the same in Ohio.

Cathy Patty-Resk: I think by looking at who prescribes it and making sure that they are rheumatologists or a rheumatology provider that is really key and important to know.

9. *Are they showing any promise with studies being conducted?*

Linda Grinnell-Merrick: There is Remdesivir. It is FDA approved; it is a vaccine. And we already know in California they are already using this vaccine and it is showing some promise. And this decreases the shedding of the virus. We will be participating in that study here. Methylprednisolone has no clear benefits. You would think with all this inflammatory process... I thought that was interesting. The IL6's are showing a lot of promise. And again, there really isn't enough data on some of the other things going on, even hydroxychloroquine, we are certainly hearing and that is kind of where we are at. We are still so early into this we really don't know. The University of Michigan is actually doing a study on hydroxychloroquine. It's only for health care providers. Anybody across the country, probably across the world, can actually enroll in this study and it's only for patients who have known [to have COVID-19], so they tested positive or had exposure to COVID[-19], or living with family members that had an exposure to COVID[-19]. So, they can actually reach out to University in Michigan, [who are] doing some research on that and hydroxychloroquine.

10. *What are you doing about the frequent lab monitoring associated with medications? Are you delaying that or continuing to send patients for blood draws?*

Carrie Beach: [It's] case by case for the most part.

Linda Grinnell-Merrick: If patients have had 2 or 3 stable labs in the past 6 months to a year, we are forgoing labs at this point. We are trying to limit them from being exposed and going to sit in waiting rooms getting their labs drawn.

Cathy Patty-Resk: There are some kids I really want labs on that are newer to methotrexate, and then there are the ones that have been on it for a very long time.

11. How do you take care of yourself when you are kind of isolated?

Carrie Beach: I think mental health will have to be really important for our patients right now with the amount of anxiety and panic. Speaking for myself who is now working, and just recently became a teacher, my stress level is through the roof. My patients who see this on the news are frightened. I think this is going to be an important piece that we need to encourage patients and try to manage stress and anxiety as much as possible. Yoga is always a good one, meditation, whatever they can do from home.

Linda Grinnell-Merrick: I think we're all feeling a lot of anxiety at this time and are we all taking care of ourselves? Are we doing things? Are we drinking too much? Luckily, I live in a very rural area and I can go out for a walk, but I know that is not true for people living in cities who can't get out.

Cathy Patty-Resk: I worry about our patients, but I think the group I really worry about are the ICU and ER nurses. I think among nurses, there is that same brotherhood like with firefighters, police officers, things like that, and I think even more so ER and ICU staff. I know that they tend to be younger nurses [that] are looking for excitement and I think this is very traumatic. I think there is going to be a lot of [post-traumatic stress disorder] (PTSD) in the future. Our patients that are nurses, that are taking care of [COVID-19] patients, are going to need extra support and we need to be careful and mindful. Maybe these are the ones we need to be checking [on] more often and just saying "Hey, nurse to nurse how's it going?"

Conclusion: During this live broadcast, we had more viewers submit questions that the task force was unable to get to during this first virtual town hall. In conclusion, the need to have another town hall the following week (4/2/2020) was shown. In this report, we learned the current work situations of the task force in light of the novel coronavirus, what is currently being done in regards to safety and equipment protocols, as well as personal protective equipment (PPE), and hydroxychloroquine shortages. For the pre-recorded broadcast that accompanies this report please be sure to go our website at www.rnsnurse.org/covid-19/task-force/