

# COVID-19 TASK FORCE

## RNS COVID-19 Virtual Town Hall Executive Summary Sheet

April 2, 2020 / 6:30-7:30 pm EST

**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 of both their peers and the patients they serve during this pandemic. The RNS COVID-19 Task Force met virtually on Thursday, April 2, 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 currently going on in their region, how are other organizations handling personal protection equipment (PPE) particularly in infusion, policies and procedures in place when patients test positive for COVID-19, Plaquenil prescriptions being declined for non-rheumatology providers, home infusion versus office infusion suites, drug shortages, treating existing patients that are immunosuppressed during COVID-19, telemedicine, working from home and telehealth balance, and Ibuprofen and COVID-19 discussion.*

### 1. What is currently going on in your region?

**Cathy Patty-Resk:** We are approximately 4th or 5th, I think, now with the total number of cases of COVID[-19]; however, when it comes to the number of deaths, we're about #3. Locally we are trying to take actions to try and help some of this. They are setting up beds in our facility that we usually run the North American auto show in for COVID[-19] patients. Our front lines and our inner-city hospitals [are] definitely seeing [an] influx of patients and the nurses are really having a hard time. In the pediatric world at our hospital, we've increased the age that [we] will accept patients. We used to only accept patients up to the age of 18, but we increased that to the age of 21 and we removed the stipulation that they had to have a relationship with one of our specialists.

**Carrie Beach:** I think we're slightly behind you guys as far as the amount of COVID[-19] patients and such. We are also prepping in Columbus; they are ready to utilize our Convention Center here for the COVID[-19] patients. But it definitely hasn't peaked here. I think today they said May 15th.

**Vickie Sayles:** We're setting up a large 1,000 bed facility in preparation for the surge. They're [expecting] between April 15th and May 15th is when our highest volume would be. We have all the prep set up. We take our temperatures a couple of times a day, hand sanitizers [are] everywhere, [and] only certain doors are open, [like I said last week].

**Linda Grinnell-Merrick:** I'm in upstate New York so we're not hit as hard as New York City. We know most of our cases are in New York City. Our update today told us that the apex here in New York state is expected to hit at the end of April, and they're expecting 16,000 deaths. They started moving people from New York City up to Albany hospitals; but as of today, they didn't seem like they would be moving them as far up as where we are. Our facility's looking at now just taking and they're making each floor two teams, and it will be run by a physician and an APP; and they'll run the teams that would care for patients. They're going to actually make almost every room a double room whenever possible to help increase our beds. Then they're going to be using infusion suites, and they're actually thinking about taking some of our ambulatory care centers and actually having them for patients instead of going to the emergency room to get a swab, or for whatever it may be that they need, if it's a mild emergency, not something related to COVID[-19]. I'd rather have them go someplace else rather than to the emergency room. Our urgent care centers are now [divided] up into COVID[-19] sites, and non-COVID[-19] sites so that you have to call. You're supposed to be calling ahead and so that COVID[-19] patients and non-COVID[-19] patients are not in the same area together.

---

## ***2. How are other organizations handling personal PPE, particularly in infusion?***

**Carrie Beach:** As of today, all of the nurses are wearing masks when with patients and then anytime that you're going to be within 6 feet of someone else. No gowns, no shield for infusion, at least not yet.

**Cathy Patty-Resk:** I do know that [at] our infusion center, they're using the full PPE garb, including shields. Everybody in the building, I do believe, that has any patient contact does have [an] N95 mask.

**Vickie Sayles:** We don't really have any full regulations about it yet. The infusion nurses are wearing masks and their own glasses as they are starting IVs, but there really isn't any

standard that they must wear any PPE at this point for their own safety and even the patients don't have to.

**Linda Grinnell-Merrick:** As of this week everybody gets a mask. Anybody who is seeing patients, anybody who is walking [through] the hospital, any visitors; in the hospital, in our suite, [visitors have] to wear a mask. Patients can ask for a mask, they are not automatically given a mask unless they are symptomatic.

---

**3. *What policies and procedures do you have in place when patients that need treatment test positive for COVID[-19], if any? Has anyone planned for that scenario?***

**Vickie Sayles:** With this virus we don't know if they're positive even if they're asymptomatic, so we are still doing what we were doing last week; the chairs are more than six feet apart. There really isn't anything else in place at this point. But I think it would be good practice if you could set up an isolation room, you know if they absolutely have to come in.

**Linda Grinnell-Merrick:** Oncology colleagues are probably coming up with some protocols as well looking around and being around them, because they have patients who probably can't miss their treatment for getting cancer treatment so we have a lot less to learn that's for sure, this is the new one for us this week.

---

**4. *Any recommendations when pharmacies that usually fill Plaquenil prescriptions suddenly decline the prescription due to the provider not working in rheumatology? For instance, a provider that works in internal medicine but treats lupus patients?***

**Cathy Patty-Resk:** I would call the pharmacy personally and let them know about the diagnosis and how long the patients had that diagnosis [to] see if you can work with them. I would take it right up the pharmacy ladder of supervision. If the pharmacist says, "I am directed, I cannot do that", I would talk to the supervisor and go from there. I think we have some contacts through RNS that we can send something out to that pharmacist, or that pharmacy group, and ask them if there's something that they would recommend or something that we could do.

**Carrie Beach:** In Ohio, our state pharmacy board came down pretty quick as far as requiring a diagnosis code, but I didn't see anything in that literature that said it has to be a rheumatologist, dermatologist; so, I think as long as we're getting an FDA approved code.

---

**5. *Do you have any concerns about patients getting their infusions at home?***

**Cathy Patty-Resk:** I really feel very strongly about it and I would say absolutely no. We want to keep our patients' homes, their clean space, their safe space. Anytime you break that for anyone, even if it's a nurse coming in to do an infusion, I think that could be very dangerous to our patients and their families. You don't know who lives in their households, it could be a parent with COPD. I think a lot of the infusion suites are taking really good precautions right now, so I really encourage the parents to contact the infusion center [to] see what they're doing.

---

**6. *Have you noticed Actemra being limited? Any shortages?***

**Cathy Patty-Resk:** I reached out to some of our pharma colleagues to find out what's going on. Are we going to have a shortage of Actemra because Actemra is an IL6 and they are using IL6 as treatment for COVID[-19]? The pharma rep from Genentech said that they are looking at their supplies, who's ordering what. They're keeping an eye out to see if big systems are ordering more drugs than they usually do. [If so,] they're looking [into] talking to them about why they're ordering so much. They want to make sure that people aren't stockpiling medication that's going to trickle down and cause shortages. We're actually pushed to a point where we're having to switch a lot of these Actemra infusion kids to sub-q.

---

**7. *How concerned are you continuing to treat existing patients with immunosuppressants, and in particular, any perceived differences between classes of medications as far as biologics?***

**Vickie Sayles:** I think I think one of my biggest concerns is that a lot of our patients that are getting IV/IG and rituximab, a lot of our diseases cause, or [can] cause, symptoms that sound like COVID[-19].

**Cathy Patty-Resk:** I personally don't have any more concern than I did in the past during flu season. I really think that we have to treat this like flu season and do the same kinds of precautions that we do there.

**Linda Grinnell-Merrick:** I worry about patients flaring. I think that will put them also at risk. When you're flaring, and you got all this inflammation going on, I just don't think that's good

for them either; so, I think it's best they keep on therapy and we just keep talking to them and reassuring them.

---

## **8. *How is everyone doing with telemedicine right now?***

**Linda Grinnell-Merrick:** It's been interesting to talk to the patients, [they] tend to be a little bit more [of a] focused visit. Our secretaries are very good, they call ahead and let him know the day before [that at] such and such time, [this provider] will be calling and [to] have some questions ready. So, they're really ready and they're waiting for it. It's been interesting to learn how much we can really do, and I think the world of medicine has changed after that, especially in rheumatology. I think this will move us forward where we probably should have been quite some time ago.

**Cathy Patty-Resk:** But I'm glad this is really forcing our hand with things because by doing these telemedicine visits you might be able to actually access more patients.

---

## **9. *How is it working from home and learning the tele-health side of it?***

**Cathy Patty-Resk:** We're doing them through Zoom right now, so they're still having problems kind of understanding how to do it. It's the parents that don't really understand it, the kids have really been stepping up [by] downloading the Zoom app or showing the parent how to go online and click the link from the email. I'm trying only to see the kids that really need to be seen in person in the clinic. We're just kind of learning all those things together, but it's been very positive.

**Vickie Sayles:** I've found that a lot of our older patients, when we offer them you know either a virtual visit or phone visitor or FaceTime; they're like what are you talking about? They really don't know how to do any of it, so that's another factor in our scheduling these virtual visits. Some of them we have to see in person because they have no idea unless they rescheduled for a later date, but if they really need to be seen and they can't figure out how to get into one of the platforms, then we're still seeing them.

---

## **10. *What do you think about telemedicine long term for teaching?***

**Carrie Beach:** I don't think you can replace a face to face visit. I think it's great, obviously now we need it more than ever. I think, like you said, it'll be good for stable patients. But for new patients who are starting on meds, they do need that initial contact. We can't replace

that. I think long term, like I said, it'll be useful for some patients who will still be able to kind of balance that with the educational needs.

**Cathy Patty-Resk:** I think that the telehealth will really be helpful if I have a patient that comes in with just mom because dad has to work; we can get dad through a telehealth visit and have some type of a 3-way conversation [to] answer questions and clarify things. I think that could be helpful. I think it could also be helpful if we've developed slide presentations for them, share the screen and talk through those. There's a lot of education that we can do with our patients.

---

***11. Are you finding that your telemed visits are less time or more time than you're in-office visits?***

**Cathy Patty-Resk:** It's interesting that you said that because I'm leaving my visit time slots the same but I'm finding that my visits are shorter. We can't do our full exam like we would and talk through it.

**Carrie Beach:** That's what I've been noticing too.

---

***12. What are some concerns you've noticed from patients with doing telehealth?***

**Cathy Patty-Resk:** Whenever you're doing a telemedicine visit, we always have to be cognizant of how we're dressed, our appearance, and what's in our background, right? I'm sure patients are feeling the same way. Working with patients that have great socioeconomic disparity, they may not want me to see the inside of their house.

---

***13. Ibuprofen and COVID[-19] – have you changed anything, or have you seen any good data about it?***

**Cathy Patty-Resk:** I just tell them there's nothing right now to support what we should be doing.

**Linda Grinnell-Merrick:** That's what we're saying also. We're not changing anything or making recommendations.

---

## RNS COVID-19 Virtual Town Hall

### Executive Summary Sheet

April 2, 2020 / 6:30-7:30 pm EST

**Conclusion:** *As in the previous week, during this live broadcast, we had more viewers submit questions than the task force was able to get to during this second virtual town hall. In conclusion, the need to have another town hall convene the following week (4/9/2020) was decided. In this week's report, we learned the current COVID-19 situation, how the Task Force and listeners were handling both telemedicine and many adjusting to working from home, and continued the discussion on possible hydroxychloroquine and chloroquine shortages in the coming weeks. For the pre-recorded broadcast that accompanies this report please be sure to go our website at [www.rnsnurse.org/covid-19/task-force/](http://www.rnsnurse.org/covid-19/task-force/)*