RNS COVID-19 Virtual Town Hall
Executive Summary

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

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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. This week on Thursday, April 30, 2020 from 6:30 PM - 7:30 PM EST, the RNS COVID-19 Task Force interviewed guest panelist Joni Fontenot, RN of Ochsner Medical Complex - The Grove to discuss the current state of Louisiana and to address some of the pressing questions and topics submitted during the week from our viewers surrounding COVID-19. The following topics and questions were addressed: current practices for in-office visits, patient resistance toward protocols, furloughs, hydroxychloroquine shortages, telemedicine, blood clots associated with COVID-19 and antibody testing.*

1. *Joni, what is currently going on in Louisiana?*

Joni Fontenot: They update our case numbers every day, on the Louisana.gov website. And as of today, we have 28,000 cases reported, that's total reported. And we have 1,600 patients in the hospital, with 231 of those on ventilators, which that's significantly down. Well, I say significant, there's still a lot. Our governor extended our stay-at-home order, until May 15th. We do have some people protesting. I think that the numbers went down just because people were doing their part and staying home. I'm not worried, but I am worried that once this stay-at-home is lifted, if maybe we'll see a spike in cases or how's that going to affect everything? There's just still so much unknown. But it's good to see the numbers go down, even if it's temporary, which I hope it's not.

2. *How about everyone else? What is going on where you are?*

Cathy Patty-Resk: I think we're all on pins and needles here, about what's going to happen when the stay-home orders are lifted. I know that we're getting back to things a little bit at a time, but we have a lot of people protesting. There were people protesting inside the capitol today. Don't ask me how a large group got inside the capitol, where they were just packed in like sardines, without masks.

Vickie Sayles: At the Cleveland Clinic, they have started, or starting May 4th, are going to open up some of our elective surgeries. I don't know if everybody else is doing that, but the governor spoke this week about opening up certain types of surgeries and certain types of procedures. That's a little scary, thinking that all of these people are coming into the hospital. But they will be tested, COVID[-19] tested, three days prior to their procedure, to make sure that they're not positive [and] to protect all the caregivers. They're supposed to stay quarantined until they do come in, after they're tested. So hopefully, that will cut down on the number of cases we do have.

Cathy Patty-Resk: I had a patient that needed her port taken out and [a] PICC line put in, and so we had to fill out one of those exception forms. Because technically we're not supposed to do anything elective, so we had to fill that out. So I know we're not doing anything elective yet, but I think it's coming soon. It might even be Monday.

Linda Grinnell-Merrick: Our orders are also, in New York State, being lifted and we'll be starting to do elective surgeries. But again, very tight, tight guidelines surround all of that, so that people are protected. It's just very similar to exactly what you just described, Vickie, very, very similar.

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3. *With the orders on elective surgeries being lifted, doctor's offices are also supposed to be reopening. Are you doing anything differently in your practices? Are you still doing mostly telemedicine?*

Linda Grinnell-Merrick: So in New York State, we can't open until the, "15th" theoretically. But yeah, but then it's going to be a slow, careful opening. We're working on those plans now.

Vickie Sayles: This week, [we've been] very strongly working on our plans to reopen some of our office visits. I've been going over the square footage of our areas, and trying to make sure that everybody is protected when they come in. We've figured out that we can probably have eight people in our waiting room, as opposed to 30. I've set up some things, so that our

medical assistants will room the patients as soon as they arrive. They'll be in the rooms. And our infusion patients will be roomed as soon as they arrive, as long as we have a chair. We put the tape, in the Xs, on our floors, just to make sure that people are social-distancing coming up to the front desk to check in. So, there's a lot of plans. We don't know when everything will reopen, but I think it will probably stay at about 50% capacity, 50% virtual and 50% in person, if people are willing to come into the clinic to be treated.

Joni Fontenot: Under normal infusion circumstances, we infuse at two locations. We have The Grove, which is where I work at. And then we have the Cancer Center, which is at our main location in Baton Rouge. So The Grove, is a multi-specialty, it has every specialty, patients going in and out. Whereas the Cancer Center, at our main location in Baton Rouge, is pretty much its own entity. So basically, only immunocompromised patients aside from staff, are going in there in the clinic. So as a precaution what we did was we merged our infusion centers, to help limit exposure and contact with our patients. All of our patients are coming and being infused at the Cancer Center, where we are screening every immunocompromised patient 72 hours prior to their infusion, for COVID[-19]. every patient and employee gets, of course, screened for temps and symptoms prior to entering. If a patient lives greater than 50 miles away, we screen them that day. That, of course, is because we don't want them to drive twice within a week. The turnaround time for that test is about an hour. So that's pretty good, that we're able to get patients in there, do a rapid screen, and then get them infused.

Linda Grinnell-Merrick: So is it the nasal swab?

Joni Fontenot: Yes ma'am. It's amazing. It's wonderful, because our volume hasn't really decreased with patients, so we're still infusing. But like I said earlier, I feel like it's one of the safest places, because everybody entering the building, well in our infusion suite, we know that the patients are all negative. And we're only allowing infusion staff, just our leadership, in there.

Linda Grinnell-Merrick: Are staff also all screened? Were you guys all screened also?

Joni Fontenot: We're not screened, but they are offering antibody testing for us.

Linda Grinnell-Merrick: I feel like, as hard as New York State, I know bash my state and anybody who's listening to this, but we're still struggling with getting enough testing done.. And we're certainly nowhere near what you guys are. That is amazing.

Joni Fontenot: It's just such a great thing for our patients. I mean, it's protecting our patients. It's protecting the staff. And it's protecting just everybody in our infusion room. It's comforting. It's very comforting to know that these patients [are] coming in and out, it's only infusion and immunocompromised patients and they're all screened prior to coming into our infusion room.

Carrie Beach: And they've all been pretty adherent to their medication regimen?

Joni Fontenot: Yes. If ever our patients needed us, they need now more than ever. It makes me... They're scared. They are so scared. They're scared to miss their medicine, which we all understand why. And they're scared to come get their infusions. So we have to be that guiding light for them, that guiding light, that hope, and the proof that we're resilient and we're doing everything in our power to keep them safe and we'll keep them safe to the best of our ability, they need to do their part as well. But I mean, it gets me teary eyed, because they're petrified. Because they know the risk of receiving their medicine, but they know if they don't get it what's going to happen, but then they're scared to go out in public. So we're just having to find just the happy medium, and just reassuring them, and we're here for them. Now more than ever, is when we have to be there for them. We're doing the best that we can and like I said, our volume hasn't dropped, so that's good. That's a good sign.

Carrie Beach: That's great. That is fantastic. Because I know our numbers dropped, initially. I don't know where they're at now, but yeah, we had a significant drop. Just patients that were scared, like you said, to come in. We had to make it a priority for them to know that we are taking all the measures. But you're in a different position, where it's only infusion patients, right?

Linda Grinnell-Merrick: Your numbers dropped in the infusion suite?

Carrie Beach: Ours did initially, yeah. But yours didn't?

Linda Grinnell-Merrick: Ours are the same way.

Vickie L. Sayles: Ours have not.

Carrie Beach: Not at all?

Vickie L. Sayles: Ours are higher than normal.

Carrie Beach: Initially, like I said, [for] the first few weeks. I don't know now. I think, at our center, like I said, the physician's assistants have been calling the infusion patients two to three days ahead of time, just to kind of let them know what precautions we're taking and how we're trying to make them safe and we're still encouraging them to stay on their medicine. But you still have those patients that think that they should stop their medication, because they don't want to be at an increased risk. I mean, I'm still getting those questions. I think we're six weeks into this and I had [a] patient call this week and she wanted to stop her Enbrel. Her husband was going back to work, and she thought, "Maybe it would just be best for me to stop." So, just more education. For my infusion friends, we had an interesting scenario this week, when one of the PAs called one of our infusion patients, he said that he would refuse to wear a mask. He did not want to wear a mask, and he was not going to wear

a mask. So we did have to delay his infusion, we had to have him reschedule. Right now, it's mandated, in our infusion center, in our practice, you have to wear a mask.

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4. *Is your hospital reusing PPEs by sterilizing the N 95 masks or are they just throwing them away? Have you guys had anybody that's been resistant to following the protocols?*

Linda Grinnell-Merrick: I've seen them without masks on, but everybody in our infusion suite has their masks on.

Cathy Patty-Resk: I can't even imagine that happening.

Carrie Beach: Yeah, I know. I was floored. I was like, "Really? That's my patient?"

Linda Grinnell-Merrick: Yeah, that's a big... And is it not mandated in your state, that people wear masks all the time?

Carrie Beach: It's actually not mandated in Ohio. He decided not to do it, he's an infusion patient, so he's going to be sitting up there with other infusion patients for a couple of hours. So we just explained to him that that's what our policy is right now and he wasn't angry. He just said, "I'll just put it off and I'll wait." even though I don't think things are going to change anytime soon.

Vickie L. Sayles: So this week at the clinic, all patients are given cloth masks as they come in, and all caregivers do have to wear them in any public area.

Carrie Beach: Okay. Yeah, same here. That's what we've been doing. Anybody in has to wear a mask.

Joni Fontenot: Same here. We're actually restricting visitors now, unless the patient has to have their caregiver, we will, of course, have them in. Staff has to wear a mask. And Ochsner actually gave us these copper-infused masks, it's washable and it's resistant to bacteria, fungus and viruses.

Linda Grinnell-Merrick: I want one.

Carrie Beach: I know, how do we get those?

Joni Fontenot: Ochsner, they are just so... One of our core values is that patients always come first. And that's a given, that's followed through all the time. I'm proud to be able to work for an organization, that has not only put their patients first all the time during this, but also is just deeply concerned about the employees and their wellbeing and just overall, just the whole situation. I mean, Ochsner, they are just so good to us. They're providing meals for

us, either breakfast or lunch, every day that we work. They are providing child care assistance, for employees who the daycares might have closed. They've allowed employees to work from home. And just opportunities for employees to redeploy, if they want to go help out. Which we actually had, one of our chapter members, which I got her approval to say her name, she'd volunteered to be redeployed. She works in our rheumatology clinic, Doran Knight. She volunteered to be redeployed to the hospital, to work the floor to help out. So we are just so proud of her for that, because that takes a lot of bravery and courage. Because that's a whole different world up there, especially now. Even on a normal day, working the floor is... I give mad props to those nurses. But she stepped up, and volunteered to be deployed. So we're happy. We're very, very proud of her.

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5. Is everyone still seeing the furloughs happening?

Joni Fontenot: Mm-mm.

Cathy Patty-Resk: We have a lot of people furloughed up here.

Linda Grinnell-Merrick: Us too.

Joni Fontenot: I'm very fortunate, for that too.

Vickie L. Sayles: Other health systems in our area are furloughing, the clinic has not.

Linda Grinnell-Merrick: Cleveland's still doing okay? That's great. They're starting to furlough, in our department this week. We've had to furlough some people, so it's been really difficult. It's been really, really hard to see that happen. You just never realized how heart wrenching that would be. And honestly sometimes, and this is just to get off on a whole other tantrum I guess, is when I hear this stuff on TV about the healthcare heroes, and all that stuff going on, it kind of hurts when I think of so many people that are kind of losing their jobs in healthcare. It can be front end staff, it can be a nurse, it can be a housekeeper. It can be anybody and I'm just kind of feeling, they're not out there, we're not hearing about that. So I had a difficult week, to see all that and hear that. This is like it'd be the backend of COVID[-19], right?

Carrie Beach: Yeah. Everything's changing, like I said, weekly. We're kind of holding the same practice, even though I know in Ohio, doctor's offices are supposed to be open next week or opening. I have been working two days in the office and then the third day that I typically work, I'm just getting paid to basically be home, which has been great. I mean, I'm thankful. But next week, I will have the ability to work from home on Thursdays. So, we'll see how that goes. I'm excited to be able to actually do that. I feel bad for people who have to go in and still... I know, Vickie, you're still going in every day. So to have the ability to work from home, I'm actually looking forward to it. I'd rather be in the office.

Linda Grinnell-Merrick: We had the whole added issues, with childcare, right?

Carrie Beach: That's the big thing.

Linda Grinnell-Merrick: Vickie, you must have nurses that have childcare issues.

Vickie L. Sayles: Mm-hmm. I do. I have at least four people off each day. I mean, that's the minimum, sometimes six or eight, it just depends.

Carrie Beach: Yeah, that's a lot.

Vickie L. Sayles: Thank goodness we're not seeing everybody in person, because I've been able to allow them to take personal leaves for childcare. But once we start opening up, it's going to be hard, because I can't allow them these personal leaves if I need them in Clinic. So, that's something I've been working on this week.

Linda Grinnell-Merrick: Are your schools all closed in Ohio, for the rest of the year? Have they made that decision?

Vickie L. Sayles: Yes.

Linda Grinnell-Merrick: I think our decisions are made, they're just not saying it out loud. They haven't out loud said that they're going to close through the year. I don't know how other states are. I don't know what Detroit is doing.

Vickie L. Sayles: Our schools are closed.

Cathy Patty-Resk: Yeah. We're closed for the rest of the year. I'm curious to see what's going to happen though, because of all the kids being out of school and then when parents are going back to work. I don't know how that's going to work out.

Carrie Beach: I think that's my bIggest fear, is when my husband goes back, I can't have two kids here trying to homeschool themselves.

Cathy Patty-Resk: But are parents going to start relying on grandparents to babysit? I mean, a lot of people probably will and that's probably not a good idea.

Carrie Beach: No. Yeah, no. My parents would be the first to offer, but no. I don't think that's the responsible thing to do at all. I would take the time off.

Cathy Patty-Resk: I think some people are going to be pushed to the wall, that that'll happen.

Linda Grinnell-Merrick: Yeah. Even summer camps here, they're talking about that in the news today, that most summer camps won't even happen. So when you normally would probably send your kid to summer camp, and plus you got to keep them occupied.

6. *Is anybody having any issues with their patients getting their hydroxychloroquine?*

Carrie Beach: We have not, in Ohio. How about Louisiana, Joni, have you heard of an issue with a shortage?

Joni Fontenot: No. I did actually have one patient who came a month ago. We gave her two prescriptions, and she said, "Well, they said that they don't have it." I said, "Let me call and ask." So, I went ahead and I called, I'm like, "Well, they sent in the prescription." And they're like, "We filled it. It's filled." And I'm like, "Okay. Awesome, thanks." It just goes to show you how different it could be, if a provider or a nurse can call and ask about it versus a patient, but she got her prescription, so as far as I know no, our patients are getting the Plaquenil and we don't have a shortage.

Cathy Patty-Resk: We haven't had anymore problems, other than in the beginning.

Carrie Beach: We haven't had any shortage problems at all here. But have you guys gotten any questions about taking hydroxychloroquine when they have a heart condition? That was my first one this week. But I think, because we've been hearing more about improper use of it and increased risk for different arrhythmias, I think that's something that we'll probably be hearing more from patients about. Does anyone have any comments on that?

Cathy Patty-Resk: I think we will be hearing more about that, because I think that's just a risk that we've known about, and it's just something that we take into consideration when we're ordering it. But I think with these new folks that were using it, they weren't aware of all of those little intricacies.

Linda Grinnell-Merrick: Yeah. It looked like a very safe drug, non-toxic drug, right? There's a reason why we monitor and why we see our patients.

Joni Fontenot: They had an article that was posted on Healio, from April 24th, it was from the FDA about the improper use of hydroxychloroquine for COVID[-19], because it may increase the risk for arrhythmias, for death. So it doesn't say what dosage was being prescribed, but I don't know if y'all have got a chance to read it yet. It's causing v-tach, v-fib and death in some cases. That's scary.

Linda Grinnell-Merrick: I didn't read the article. But do they mention the dose that they're using for these? I think we talked a little about that before we came on. I do think they're using doses that we normally don't use with our population. But those are things we don't know again, right? Those are things that are not maybe as easy to know. And I don't know how the study protocols are written, for either one they're studying.

Joni Fontenot: It doesn't have a dose on it.

Carrie Beach: It did say something about improper use. So we don't know what doses they're referring to, but as more of that comes out, like I said, our patients are going to start being scared. We tell them it's a safe drug, especially when they're first being diagnosed and prescribed the hydroxychloroquine. We're like, "Oh, it's one of the safest medicines out there," so it may be tough.

Cathy Patty-Resk: It looks like someone listening or following along with us, from Oklahoma City, is saying that they're having some problems with shortages there, and they're having to get prior-authorizations sometimes. That's interesting to know.

Linda Grinnell-Merrick: I have had that once or twice. And then it came back so non, like "Yeah, it's approved." It's almost like they wanted to make certain it was coming from a rheumatology office, I think.

Carrie Beach: Did you have to call them and complete a prior-auth and do all that?

Linda Grinnell-Merrick: We have a prior-auth staff and pool that it goes through, through the hospital. But I think once they saw it came from a rheumatology practice... I know New York State, I don't know how it is in other states, it has to be rheumatology and it has to be either for RA or lupus.

Vickie L. Sayles: That's how it is in Ohio also.

Linda Grinnell-Merrick: Whatever the FDA indication is for it. And they're really looking to make certain it is coming from rheumatology. I think that's all that was. And I don't even know what insurance company it was.

Carrie Beach: Yeah. I haven't seen any PA requests for it.

Linda Grinnell-Merrick: I've only had one or two.

Cathy Patty-Resk: Yeah. I was afraid in the beginning, that that's what we were going to see. I couldn't even imagine all those patients needing prior-auth. Oh, what a nightmare that would have been. I think things will start settling down for you folks in Oklahoma City. Just be patient, it's getting there.

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7. *What do you recommend, as states start to reopen, for scheduling patients back for in-person visits?*

Vickie L. Sayles: So like I was saying, we're doing 50% virtual, 50% in-person, if we can get those people to come in. We would like to see all of our new patients in-person, because right now we're doing a lot of them virtually and that's not ideal. But if we can keep it about 50/50, we can protect patients, workers, we can protect everybody, by not having as many people there, in-person. I don't know exactly how we're going to do that. We're working on that plan. But it's going to be difficult, to keep people from arriving early and having too many people there, or arriving late and also having too many people there. So in a perfect world, everybody would just arrive as they were scheduled. But if everybody arrives at one time, it's going to be a lot more difficult to do.

Carrie Beach: That's kind of my concern too, when things do start to open back up. Right now, I know my provider's schedule for June is completely full. So what we're telling patients is, "Hey, give it another four weeks, we'll schedule you then." I don't have anywhere to put them. I'm sure we will have something in place, to bring at least the new patients. I think they need to be seen, especially for that initial visit, that really does help. But maybe for our more stable patients, we can transition over to TeleMed until things open up a little bit more.

Linda Grinnell-Merrick: And I will just own up, that I do like TeleMed.

Vickie L. Sayles: I think a lot of people do at this point.

Linda Grinnell-Merrick: I do think there'll be a subset of patients, our stable, well established patients, that will be able to continue for a period of time. Certainly and probably this new world that Cathy's been pushing for a long time, we'll be able to continue. I do think it offers a lot of benefit, and even in your schedule, your day-to-day schedule. So we're going to be doing a little bit TeleMed, as well as doing real visits. But we're not going to let anybody sit in our waiting room, they're going to have to call us when they come in and somebody will go down and get them when we're ready. Their waiting room will be their car. But where we are, we're in a small complex, so they'll be able to go out and get them and bring them in. [Each provider] will have a room, and that will kind of be their room for the day. And the techs will have their room, and the patients will come in, they'll do their intake and whatever, then escort them to the provider. But we're just working on that.

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8. *For telemedicine in different states, are you reimbursed for phone or FaceTime or the actual virtual visits?*

Linda Grinnell-Merrick: Right now, and I think it was actually a federal mandate, I think most insurances have to be paying. For the Televideos, for most insurances, you're able to charge

as a face to face. You don't get so much reimbursement back on the phone, they really are encouraging the video talk on those.

Vickie L. Sayles: Which makes perfect sense. I mean, if you can't see what they're doing, what they look like…

Linda Grinnell-Merrick: They can show you their hands. They can do all this stuff. I have them do all kinds of things.

Cathy Patty-Resk: I did have a patient that didn't have access to video, and so I did have to do it over the phone, which I would have loved to have seen things a little better. But according to the CMS guidelines with this, if you actually document that they didn't have video available, then it sounds like you're not penalized for doing it audio.

Linda Grinnell-Merrick: Okay. Good to know.

Cathy Patty-Resk: Something else that my coder was telling me was that if you do a visit and it seems like it was kind of [a] brief visit, your evaluation and your management wasn't really complicated, it was more education; if you put 15 minutes for your time counseling, then you actually get reimbursed more than if you just left it to your basic evaluation and management.

Linda Grinnell-Merrick: Which is kind of like when you do face to face, if you're doing more education.

Cathy Patty-Resk: Exactly.

Linda Grinnell-Merrick: Okay, that's good to know.

Cathy Patty-Resk: Yep.

Vickie L. Sayles: That is good to know.

Linda Grinnell-Merrick: I do think that Televisits, in some way or another, are here to stay. Joni, you're in an infusion suite, but do you also have providers and patients that come in and see providers in clinics?

Joni Fontenot: Yes ma'am, I do. I work with five rheumatologists and two rheumatology PAs, who all work for Ochsner as well. For the most part they are rotating in Clinic, taking turns rotating I guess one day a week, just to see emergent patients, for injections and drainage or whatnot. For the majority of them, like our stable patients, we're all doing Telehealth. I can't speak for the reimbursement part, because I really don't know the clinic side of it. But I know they are doing a lot of, I mean, pretty much every other patient is doing the Telehealth visit.

Linda Grinnell-Merrick: And when you guys start opening up, do you think you'll be opening up to real, live visits?

Joni Fontenot: I'm not sure. I know that they are working towards formulating a plan to start the process of how. Will the patients want to come for visits? They're kind of just feeling around, trying to formulate something to see how to even roll it out. I'm sure they have something. They come up with great ideas. I have all the faith in the world that they're going to figure out something amazing and it's going to all workout, hopefully. It will.

Linda Grinnell-Merrick: It's a whole learning experience.

Joni Fontenot: Absolutely. Every day is, you just go to work and just whatever task awaits you, you just do it to the best of your ability. Everything's so unknown and things are constantly changing, so you just got to do the best that you can and roll with it. Be flexible. One of the first things we learned in nursing school, "Be flexible."

Cathy Patty-Resk: You're right.

Carrie Beach: You never thought it would be tested to this point did you?

Joni Fontenot: I will never forget that. I'll never forget that, "Nurses have to be flexible."

Cathy Patty-Resk: Yep, that we are. It looks like Ryan was telling us that all of his patients, in their clinic, have to wear masks as well. And they're doing a lot of Telemedicine as well. So yep, it looks like it's happening with a lot of people here.

Carrie Beach: Have you guys been able to get masks, even regular, surgical procedure masks?

Linda Grinnell-Merrick: Yeah, and people have to use them for a week. We had a physician today, you have to walk to this narrow hallway to get where the masks are kept. And he goes, "But what do I do? I don't have a mask on [when] walking through there." And they're like, "Well, you should have kept your mask from last week." We're supposed to always have masks on anyway when we're out in public. So they're like, "Use your mask from outside."

Cathy Patty-Resk: I was hoping for a little more sun. I was going to put my mask in the sun, get some UV rays on it for a while. They say that that works pretty good on it.

Linda Grinnell-Merrick: I actually bought some masks. My girlfriend's daughter was making them, so I bought them for the whole family and I wore them out to Walmart this week.

Cathy Patty-Resk: Yeah, those will be really nice, being able to wash them. That's a great idea.

9. *Do you think there is any liability with passing out cloth masks?*

Cathy Patty-Resk: I'm not really sure there's a liability issue there. The CDC has said you can use bandanas and cloths, so there really isn't any liability with that. You're not advertising it to be an N95.

Linda Grinnell-Merrick: Our governor had [a] whole bunch of masks that somebody donated and they were all cloth masks and they were thanking people. And it was on our news, his update, today. So I can't imagine there would be some liability associated with that.

Carrie Beach: I think some protection's better than none, always. So if they can get a cloth, that's what I keep telling my patients. They [ask], "Do you think it's okay?" Yes. I mean any kind of covering is going to be some protection.

Cathy Patty-Resk: I was just listening to one of the updates; it was either Dr. Burks or Dr. Fauci said that the masks, even if they're cloth, [are] keeping the large droplets that have the concentrated virus from infecting other people. So, it is providing a benefit.

Carrie Beach: Is it mandated in Michigan, Cathy, to wear the masks outside?

Cathy Patty-Resk: That's a good question. I'm not really sure. I should know that, but I don't. We do, but we have so many people that are on the news that aren't wearing masks. The police aren't going to start ticketing people for masks. That's not going to happen, right? I mean, we're going to have riots in the street if that starts happening.

Carrie Beach: Definitely in Michigan you are.

Linda Grinnell-Merrick: Yeah, you already have riots.

Cathy Patty-Resk: It'll happen everywhere. I did see today that California decided to open all their beaches. And then it was really hot, so the folks in LA County hit the beaches. And I guess there was a problem with social-distancing and large groups. So the governor banned, closed all the beaches. And then people were having a fit about it, because it looked like it was only five percent of the beaches, which were all in LA County, that were violating it. So he came back today, and he said, "Okay, just LA County will be closed." We'll have to see how that plays out. I know Florida's getting ready to open some of their beaches in the Panhandle, so we'll see what happens. They were saying in the updates, with Dr. Burks and Dr. Fauci, that they really haven't found cases where it's been spread outdoors. So I'm wondering what the end result will be, with these groups outside. Are they really going to be a big threat or not? I'm guessing they probably won't be, but we'll see. UV light's supposed to be really good.

Carrie Beach: And, Cathy, your "Stay Home, Stay Safe" executive order extension last week, the governor did mandate masks in every enclosed, public space, just so, I don't want you to get in trouble.

Cathy Patty-Resk: Okay. That was my plan anyways, so I'm staying away from people without masks. You don't have to tell me twice.

Joni Fontenot: I think regardless, even if our governor would mandate it, you still will always have people who just won't. And we just have to continue doing, I guess, our part, to do the right thing, wash our hands, wear the masks whenever, what's mandated, for everybody else's safety. But you'll always have some people that just don't wear it. I mean, I've been to Walmart, and I see a lot of people who do wear them, and then there's some that don't.

Cathy Patty-Resk: Let's talk a little bit about some of the clotting issues and the rashes, which look like actually vasculitic rashes. And then I heard a report today, that they're saying a lot of the kids that get it that get real sick, it's looking like they have an atypical Kawasaki presentation. Which I'm going to have to look at that more, because when they were talking about the rash and the swollen hands and feet, it sounded more like an HSP presentation to me, because there's very specific criteria for Kawasaki. So I wonder if there's any actual arterial dilatation with it, or not. More on that one for you next week, with Kawasaki and the kids.

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10. What do you think about the blood clots? Do you think these people are, since they're having the cytokine storms and things like that, getting antiphospholipid antibody syndrome? And it's not really being identified, because these aren't rheumatologists?

Linda Grinnell-Merrick: I don't know. It could. I think there's too much we don't know. I was on a call earlier today, and actually, and I don't know what's going on at Cleveland, I can only speak for where I am, rheumatologists are being called to help them in the ICUs with the really sick patients. So I'm hoping that if it is something like antiphospholipid syndrome, that that is being identified. But it's inflammation, so it's inflammation of the blood vessels, right? It's probably very similar to that. They're in this major inflammatory storm, basically. But I was happy to hear this, my rheumatologist, at a meeting I was in earlier today, said that he's been rounding the ICUs. And being called in to help with the management. And I don't know, I can't say if I've heard any of the docs say that they've been called in. Our numbers have not been as large as they anticipated.

Vickie L. Sayles: Ours either, and nobody has been called in. There's a plan for who will be called in if needed, but nobody has been called in so far.

Linda Grinnell-Merrick: I'm hoping in some areas, where this has been a real epidemic, in New York City, New Orleans and some, that rheumatologists are actually weighing in. I certainly know that they're taking part in a lot of the studies.

Joni Fontenot: Yeah, it would absolutely make sense for them to weigh in. Every patient's IL-6 is elevated, like it's so... And just with everything that's going on with the labs and stuff, it'd make sense for a rheumatologist to weigh in on it, definitely get an opinion or their thoughts.

Cathy Patty-Resk: Well, hopefully this will be good for the workforce shortage, right? All those young medical students out there. Start spreading the word, rheumatology's cool, it's sexy, right? You guys have been telling them all along, "Rheumatology is sexy, come on." I guess we can't really say COVID[-19] is sexy though, huh?

Joni Fontenot: Back to mask thing, starting May 1st, in Louisiana, if a worker has contact with members of the public, they will be required to wear a mask. So I guess that's like grocery stores and stuff like that. But I've been, I mean going to Walmart and stuff, pretty much a lot of the employees have been wearing masks already, so that's good.

Linda Grinnell-Merrick: Have you been out... So I see you have your scrubs on. I saw something on TV, and I think it was local, where somebody said that people were rude to them or... I forget how the whole story went. Because they had scrubs on, they didn't want to see them in the stores with their scrubs on. It made people really, really nervous. I thought that was interesting. I'm like, "Okay, I guess I can understand that." But people wear scrubs all the time now, right? People wear scrubs at home, whether or not they're in the medical profession. But I thought it was kind of discriminatory, they felt like they were being picked on.

Cathy Patty-Resk: Yeah, especially if you're trying before your shift, to stop at the store and grab a couple things and just leave them in your car.

Linda Grinnell-Merrick: Or even to bring food in for the staff, right?

Cathy Patty-Resk: There you go, yeah. Yeah, so that really isn't fair for people to be picking on our medical staff, come on. Looks like Ryan, who is following along with us, said that he's been using a UV light, it's a cellphone cleaner, on his masks. Which that's interesting, we'll have to look at that.

Linda Grinnell-Merrick: It's an app?

Cathy Patty-Resk: No it's a UV light, and it's used to be a phone cleaner.

Carrie Beach: And he's using that on his mask.

Cathy Patty-Resk: Yeah, so he's just using it on his mask instead of the phone. All right, so we have a few more minutes here. What else is new?

Linda Grinnell-Merrick: Well, did we want to touch upon how this is affecting everybody, maybe?

Cathy Patty-Resk: Yeah. I was saying from the beginning, about how I anticipated a lot of PTSD with this, from the frontline workers not being ready for so much illness and so much death, and people dying alone, not knowing how to treat people, because we had very poor diagnostics in the beginning and then we had poor identification and we really have no treatment. So I think we're starting to see some of that now, and it looks like there's, I forget, I think it was in New York, Linda, where they started bringing the military in?

Linda Grinnell-Merrick: Yeah, well they had a boat. There was a boat that came out to the harbor.

Cathy Patty-Resk: No, they were actually bringing the personnel in, to work with the staff, about kind of doing combat training, that sort of thing.

Linda Grinnell-Merrick: I think I have not seen enough TV. No, I haven't seen that.

Cathy Patty-Resk: Unfortunately, I probably saw more than I needed in the last couple weeks. But that's what I've been saying all along, to prepare these nurses, they should have brought the military in ahead of time and talked to them. How do you prepare these nurses? When they go to nursing school, they're taught how to provide excellent care, how important it is, how important it is to follow proper technique and we've always had the supplies we've needed. It's never been a problem in the US. We're not a third world country. We know how to diagnose people really well. We've always had access to testing that we've needed. So all of these things have been new to us. So when you threw the COVID[-19] wrench in there, it was almost like how would they survive that? When I kind of felt like you would have to compartmentalize yourself, that okay, what we're doing here now, with these people that are dying alone, without their family by their side, with people that are dying as they come through the door and just the morgues being overwhelmed and all of the things that came with that. You have to separate the here and now with that from your every day, because you can't mix it all together, especially when you're working under those kinds of conditions. I was really happy to see that they were bringing some military medical people in, to work with the staff side by side and talk to them. Because I'm sure the military prepares them really well when they're being deployed somewhere, because anything could happen at any time. I just hope it helps. I wish we'd see more of it.

Vickie L. Sayles: There are a ton of ethical issues, when you think about it, with nurses and the best care for their patients. There has to be a lot of ethical things going through their mind. This is not the norm and this is not what we were taught. And there is going to be a lot of PTSD and a lot of problems I think, depression and things, afterwards, because we're not used to this. When you're dying and your families can't see you and they can't say goodbye. There're so many different scenarios, where this affects what we believe as nurses.

Joni Fontenot: I mean, just from, I did ER for five years, and you see things that you'd never think you'd see day in and day out and that's hard to deal with. Just the traumatic injuries, where patients don't make it, it's hard to deal with that. So I cannot imagine what these nurses, doctors… everyone. And it's multiple, multiple patients, throughout your 12 hour shift, who are passing. They are absolute heroes and my heart is with them. That's rough. I know that has to be rough.

Linda Grinnell-Merrick:I just hope we don't lose a lot of nurses after this, and we may.

Cathy Patty-Resk: That's a really good topic. Not quite the topic of where you were going. But here in Detroit, the newspapers have been writing about how many hospital staff, nurses in particular, that have been lost to COVID[-19]. There are some hospital systems that aren't releasing that information. They're saying they don't have those numbers, which I find very hard to believe, right? And some are saying very few. But some of the Facebook groups, that are local nursing groups, they're saying from one hospital, that there were about 14. I think we need to look more at what some of these numbers are, and what the reporting requirements are. Because they weren't required to report nursing home deaths, and now they are. So I think they need to be required to start reporting staffing deaths, and what their titles are. I think we're losing more staff, then maybe we even think.

Linda Grinnell-Merrick: They certainly made it sound like those numbers were small, as far as healthcare workers that were afflicted, but I think those numbers are probably larger than we certainly realize.

Cathy Patty-Resk: I think so too. All right. We had a question from one of our followers here, that was talking about her son [being] in the hospital January and February, with a new onset [of] Still's disease, systemic JIA, had a CT scan, showed some ground-glass opacities, but they weren't testing for COVID[-19] at the time. She didn't know if he actually had it or not and she's wondering about antibody testing.

11. Do you recommend antibody testing?

Cathy Patty-Resk: I can speak to this a little bit, because I spent a lot of time researching this this week. With antibody testing, there are two different kinds. There is one kind, where they test you to see if you have IgG for COVID[-19]. And that just tells you if you've been infected. It doesn't tell you if you're currently infected or not, just that you have developed antibodies to it. Now there's another test that has come out, and this is the one that China has held back the shipment on. This is the antibody testing that tests for IgG and IgM. IgM is the antibody testing that lets you know if you currently have the COVID[-19] infection. If you have the IgG and the IgM, then that means you're still infected, but you're building antibodies. If you only have the IgM and no IgG, then you're at the very stages of your infection. The antibody tests don't tell you how many antibodies you have, it's either you have them or you don't have them. So we don't really know. I think some of the universities and the research labs are trying to figure out how to quantify it, and let us know at what point with your antibodies you are protected. It's kind of like when we go in and we'll get like a rubella titer to see if you're still immune to that. So I think we're a little ways out from that, but that's where they'll be heading with it. So if you can get antibody testing, and you think you were infected, go for it.

Linda Grinnell-Merrick: Yeah, if you can get it, that's the key. I think you have to.

Cathy Patty-Resk: Exactly. I was looking on the FDA website the other day, to see how many were actually approved. And there are so many that have been approved for emergency use, they had the emergency use authorization, the EUA, and they really haven't been tested for the ethicacy. Are they really reliable or not? So I recommend the antibody testing, but with caution at the same time.

Linda Grinnell-Merrick: You still have to use all your precautions. And you just don't go out there and do whatever you want, just because you have some antibodies.

Cathy Patty-Resk: There are some research labs that were using some of the antibody tests in their research, and those probably have the more reliable tests, if you can figure out which ones those are. That's my take on it.

Conclusion: *As the COVID-19 virtual town halls have continued, the task force introduced guests to join them in various parts of the country. The guest this week, Joni Fontenot, RN, of Ochsner Medical Complex - The Grove, located in Baton Rouge, Louisiana covered various topics including current practices for in-office visits, patient resistance toward protocols, furloughs, hydroxychloroquine shortages, telemedicine, blood clots associated with COVID-19 and antibody testing. For the pre-recorded broadcast that accompanies this report please be sure to go our website at http://rnsnurse.org/covid-19/task-force/*