Arizona COVID-19 cases

The Arizona Department of Health Services has reported 165,934 positive COVID-19 cases and 111,446 cases in Maricopa County as of July 28, 2020. Out of the 1,112,825 COVID-19 tests completed to date in Arizona, 12.7% have tested positive for the virus. Percent positive is the number of people with a positive test result, out of all the people COVID-19 tested completed in Arizona.

In Maricopa County, 5,742 patients (5%) have been admitted to a hospital and 913 (1%) admitted to an ICU since the county began collecting data on Jan. 22. People aged 65 or older or those who have at least one chronic health condition make up 65% of those who have been hospitalized and 85% of deaths for COVID-19. Nearly 65% of all COVID-19 infections reported have been among those under 45 years old.

Wellbeing resources on Abrazo intranet

In addition to links for several resources and helpful information on wellness and support, the Abrazo Intranet now includes a downloadable "Abrazo Wellbeing Resources" brochure. The booklet offers numerous resources for stress and anxiety management, dealing with grief and loss, suicide prevention and more. Click on the link below for the Employee Wellness Resources page, or click on the icon on the Intranet home page to access the brochure.

https://sharepoint.etenet.com/sites/Abrazo/administrative/human_resources/SitePages/Wellness%20Resources.aspx

Self care reminder and resources from Dr. Ellert

In almost all of my communications, the focus has been on the wonderful job everyone is doing in caring for our patients. That is indisputable. I cannot begin to express how grateful I am for every member of our healthcare team and how each of you have joined together to give compassionate and outstanding care to our community.

I would ask, however, that you take time to focus on yourself and your colleagues. COVID-19 has taken a toll on our community. There are few people who have not been touched by this illness in some way – economically, emotionally or physically. As healthcare workers you directly are confronted with (and in some way shoulder) the pain of this illness on every level. This takes a toll on your psychological and physical health. We need to be sure to take the time to care for ourselves and care for our colleagues. I would like to take the opportunity to share with you some resources that are currently available or will soon become available to help support you.

CPR (Crisis Prevention and Recovery) providers free crisis counseling services for COVID-19. In collaboration with AHCCCS and other community crisis providers, CPR has kicked off Resilient Arizona, a Covid-19 crisis response program. This program is through a federally funded grant. Dedicated counselors are available by phone and/or video from 7 a.m. to 6 p.m. Monday through Friday at 480-477-9865. You may also reach them by email at resilientaz@crisisprepandrecovery.com to learn about resources that they can tailor to your needs or the needs of your colleagues or group. You can also visit https://resillientarizona.org to search for other participating providers. CPR is also willing to partner with organizations to hold virtual group sessions. Their target population includes hospital and healthcare workers!

In a recent Medical Executive Meeting at St. Mary's Hospital, Dr. Andrea Herbert provided COVID wellness resources for physicians based on their specialty. She stressed the importance of watching out for your colleagues who are exhibiting signs of stress and reaching out to them with compassion. The resources she shared included:

- **Internal Medicine/Hospitalists**: American College of Physicians, 1-800-227-1915. They have webinars and on-line resources.
- **Family Medicine:** American Academy of Family Physicians, 1-800-274-2235. Physician First Initiative.
- **Surgery**: American College of Surgeons, 1-800-621-4111. Physician Well-Being Index tool.
- **Critical Care:** Society of Critical Care Medicine, 1-847-827-6888. Wellness Lab.
- **Emergency Medicine:** American College of Emergency Medicine, 1-800-873-8138. Volunteer Counselors. Wellness Section.
- **Anesthesia:** American Society of Anesthesiologists, 1-847-825-5586. Wellness Initiative.
- **Radiology:** American College of Radiology, 1-703-648-8900. Well-Being Program with Survey Tool.

ArMA is also in the process of developing a Physician Peer Support System. Over the next two weeks they will be reaching out to physicians who are interested in being physician peer coaches or who have an interest in simply being part of the program. They anticipate this officially launching sometime in early October 2020. If you have an interest, do not hesitate to reach out to them as well.

The Arizona Nurses Association also has a resource page for its members at https://www.aznurse.org/page/COVID19. There are also national on-line confidential services directed at healthcare professionals for crisis intervention.

Other resources:

- https://www.coachingforphysicians.com/index.html
- Crisis Text Line for Healthcare workers text HOME to 741741 to reach a Crisis Counselor
- https://www.physiciansupportline.com Physician Support Line is a national, free and confidential support line service made up of 600+ volunteer psychiatrists, joined together in the determined hope to provide peer support for our physician colleagues as we all navigate the COVID-19 epidemic. No appointment necessary. Call the national support line at 1-888-409-0141.

Please take care of yourself and your colleagues during this time. Do not hesitate to reach out if you are in need of support or additional resources. Again, thank you for everything that you are doing.

Medical thought of the day from Dr. Ellert

I wanted to share with you the most recent CDC guidelines for the discontinuation of isolation of COVID-19 patients. The recommendations differ for patients with mild to moderate illness who are NOT severely immunocompromised and those with severe to critical illness or who are severely immunocompromised.

I have attached the recommendations which were published by the CDC on July 22, 2020. Most patients who are hospitalized would generally fit into the “severe to critically ill” category. For those patients it is recommended that at least *20 days* have passed since symptoms first appeared AND at least *1 day (24 hours)* have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath). The complete recommendations are included in the attachment. It is still recommended that infectious disease experts be consulted regarding the decision to discontinue transmission-based precautions.

Again, thank you for the care you provide our patients and for your continued diligence with the ongoing updates in information regarding this infection.

Employee Health hotline

A reminder to please notify your hospital's Employee Health office if you go home sick. Employee Health staff will stay in touch daily before you return to work.

The Abrazo Employee Health hotline for COVID-19 questions is available Monday through Friday from 7 a.m. – 7 p.m., and Saturday-Sunday from 7 a.m. – 5 p.m. The hotline is for Abrazo employees only and may be reached at 602-246-5597.

If you need to visit Employee Health, please call ahead so staff can plan for your arrival.

Incident Command email

Do you have a suggestion or feedback related to the hospital's pandemic response? Please email questions or suggestions to IncidentCommand@abrazohealth.com. Your message will be routed to the appropriate person to evaluate and respond.

July 22, 2020

Guidelines for the Discontinuation of Isolation of COVID-19 Patients based on CDC guidelines

The decision to discontinue isolation should be made using a symptom-based strategy. Except for rare situations, a test-based strategy is no longer recommend to determine when to discontinue isolation. Meeting criteria for discontinuation of isolation is not a prerequisite for discharge.

Symptomatic Patients

Recommended Strategy for Symptomatic Patients (Preferred)
A test-based strategy is no longer preferred except as noted below. In a majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Symptom-based strategy:

- For Patients with MILD to MODERATE illness who are NOT severely immunocompromised:
    - At least 10 days have passed since symptoms first appeared; **and,**
    - At least 1 day (24 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath)

- For Patients with SEVERE TO CRITICAL ILLNESS or who are severely immunocompromised:
    - At least 1 day (24 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath)
    - At least 20 days have passed since symptoms first appeared

Alternative Strategy for Symptomatic Patients (Not Recommended)

Test-based strategy:
- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Negative results of a COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (i.e., total of two negative specimens)

Notes on Discontinuation of COVID-19 Isolation for symptomatic patients:
- *Because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 20 days after their first positive test.*
- *Detecting viral RNA via PCR does not necessarily mean that infectious virus is present.*
- *Consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for patients who might remain infectious longer than 20 days (e.g., severely immunocompromised, patients with severe to critical illness).*

Asymptomatic Patients

Recommended Strategy for Asymptomatic Patients (Preferred)
Time-based strategy

- 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

Alternative Strategy for Asymptomatic Patients (Not Recommended)
Test-based strategy

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (i.e., total of two negative specimens).

Crisis Patients

Crisis Standards of Care:
The majority of severely or critically ill patients no longer appear to be infectious 10 to 15 days after onset of symptoms, facilities operating under crisis standards of care might choose to discontinue Transmission-Based Precautions at 10 to 15 days, instead of 20 days.

Discontinuation of Empiric Isolation
In the case of empiric isolation of potential COVID-19 patient in absence of laboratory confirmation:

- If a patient suspected of having COVID-19 is never tested, the decision to discontinue isolation should be made based upon using the *symptom-based strategy* described above.
- Alternate method: patient can be removed from isolation with one negative result from a COVID-19 molecular assay for detection of SARS-CoV-2.
    - If a higher level of clinical suspicion for COVID-19 exists, consider maintaining isolation and performing a second test for SARS-CoV-2.
- Ultimately, clinical judgement and suspicion of COVID-19 determines whether to continue or discontinue empiric isolation.

Category definitions:

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from

baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

Immunocompromised:

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.