

Access other videos in this speaker series:

<https://files.asprtracie.hhs.gov/documents/maintaining-healthcare-safety-during-covid-19-speaker-series-.pdf>

Access the recording here: <https://attendee.gotowebinar.com/recording/7525903514875365126>



**T R A C I E**  
HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

# Maintaining Healthcare Safety During the COVID-19 Pandemic- Speaker Series

September 2020

Unclassified//For Public Use



# Texas Health's COVID-19 Response

*Prioritizing Safety through Learning Health System Principles*

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**[www.ahrq.gov/cpi/about/organization/nac/masica.html](http://www.ahrq.gov/cpi/about/organization/nac/masica.html)**

*September 2020*

# Texas Health Resources (THR) by the Numbers: 2019



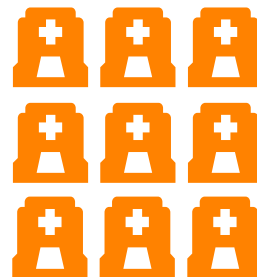
**25,000+**  
employees of wholly  
owned/operated facilities and  
consolidated joint ventures



**350+**  
points of access in North Texas  
**80+** outpatient facilities  
**250+** community access points



**1,000+**  
THPG employed physicians &  
extenders  
**445+** primary care  
**315+** specialists  
**250+** hospitalists



**28**  
Inpatient care locations  
**19** acute-care  
**5** short-stay  
**2** rehabilitation  
**1** transitional care  
**1** recovery & wellness center



**\$4.9B**  
in total operating  
revenue



**\$10.5B**  
in total assets



**\$887M**  
of charity care and  
community benefits

# Learning Health System Model



<https://www.ahrq.gov/learning-health-systems/about.html>

# THR's Response to COVID-19



Singular focus: Keep patients and care teams safe and provide them the information, tools and holistic support needed for success.

## Response managed at an enterprise level:



Capabilities built for real-time monitoring and coordination of key resources



“Single source of truth” for clinical and operational guidance



Rapid cycle design, deployment and communication of critical workflows



Virtual care deployed across existing and new channels

# Real-time Views into Clinical Operations Guide Decision Making



# Caring for Our Workforce

- Commitment to keep care teams safe
  - PPE
  - Remote work for administrative staff
- No layoffs or furloughs at Texas Health due to COVID-19
  - Maintained business continuity while flexing employees to different roles and locations
- Keeping Texas Health families safe and supported
  - Intentional rounding, EAP and psychological first aid
  - Alternative showering and living facilities
  - Day care alternatives at no cost to employees
  - Providing educational resources for those employees with school-aged children

# Synthesizing External Information

**Guidance for Possible Pharmacotherapy Options for COVID-19 Patients in High Risk Populations and/or With High Acuity**

This is **SUGGESTED** GUIDANCE on **POTENTIAL** COVID-19 options and is subject to change depending on available evidence. It is **NOT** to supersede any medical judgment or decision.

**NOTE: Currently there is NO FDA approved treatment for COVID-19.**

**\*\*Until clinical trial data becomes available, please exercise caution when using these medications.**

Guideline links (click on link to open guideline): [IDSA Guideline](#) [NIH Guideline](#)

**\*STEROIDS:** Please consider ordering influenza testing during flu season and exercise caution when using steroids among patients with influenza infection

If patient is requiring supplemental oxygen, consider starting at least Dexamethasone 6mg PO/IV, or equivalent dosed steroids, per day X 10 days. (IDSA 6.27.2020)

- Equivalent dosing:** Dexamethasone 6 mg = Methylprednisolone 40 mg IV (use 40 mg because is the available vial size) = Prednisone 40 mg PO = Prednisolone 40 mg PO
- For pregnant or breastfeeding patients:** Use Prednisone/Prednisolone 40 mg PO daily OR hydrocortisone 80 mg IV every 12 hours, instead of dexamethasone (RECOVERY trial protocol ISRCT NS0189673)

## Clinical Guidance Manual

- Compendium of practice recommendations across all aspects of patient care
- Updated regularly
- Key workflows rendered in EHR

**REMDESIVIR (under EUA)**

**\*\*ID CONSULT REQUIRED**

**\*\*EUA DOCUMENTATION REQUIRED**

**Guidelines for use:**

- CONFIRMED COVID-19 AND
- LESS than 10 days since symptom onset AND
- One of the following presentations:
  - Supplemental O2 greater than or equal to 3 LPM AND EITHER respiratory rate greater than 30 OR rapid deterioration
  - Mechanical ventilation
  - ECMO

**Pre-treatment Labs:**

- eGFR
- LFTs
- Pregnancy test for female LESS than 50 years old

**Exclusion Guidelines:**

- eGFR less than 30 mL/min
- Receiving CRRT, hemodialysis, or peritoneal dialysis
- ALT greater than/equal to 5X ULN
- Underlying hepatic cirrhosis or liver disease with elevated T-bill, alk phos, or INR
- Pregnant or pediatric (less than 18 years old) – Obtain Remdesivir via the Compassionate Use Program (CUP) at RDVCU.gilead.com

**Regimen:** 5 day regime for all patients. Consider 10 day regimen only for patients who are on mechanical ventilation and clinically NOT improving, or based on clinical judgment of treating provider.

**Monitoring:**

- LFT daily
- BMP (for checking eGFR)

**Discontinuation:**

- ALT greater than/equal to 5X ULN
- ALT elevation with increasing T-Bill (greater than/

**TOCILIZUMAB**

**\*\*ID or CCM CONSULT REQUIRED**

**Guidelines for use:**

Rapid deterioration respiratory status over previous 6 hours, AND ONE of the following criteria:

- At least one of the following
  - ferritin greater than 600
  - LDH greater than 250
  - D-dimer greater than 1

OR

- Temp greater than 102F despite antipyretics

**Pre-Treatment Lab:**

Obtain TB Interferon Gamma Release Assay (TB IGRA)

**Regimen:** Tocilizumab 400mg IV infused over 1 hour X 1 dose;

If continues to deteriorate, then consider repeating 400mg IV infused over 1 hour X 1 dose after 12 hours for **cytokine release syndrome ONLY (NOT an antiviral)**

**CAUTIONS:**

- Neutropenia with ANC less than 500
- AST/ALT GREATER than 5X ULN
- Platelet LESS than 50k

**Monitoring:**

- LFT daily
- CBC with differential daily



# Generating New Evidence



## Understanding who has COVID-19 and how it spreads

One of the major challenges to stopping the spread of COVID-19 is a lack of information – including where the virus is spreading and why certain people are more affected than others. For example, current data shows a disproportionate number of illness, hospitalizations, and deaths among African Americans and Latino populations, as well as low income individuals. However, little information exists to explain why this is happening.

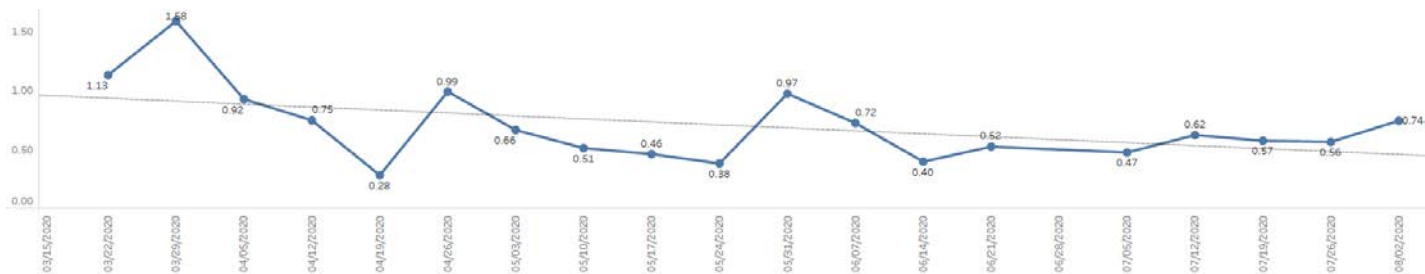
With the DFW COVID-19 Prevalence Study, our goal is to understand how many people actually are or have been infected in our local North Texas community and help develop effective and fair public health strategies to reduce any further deaths related to this disease. We believe data from this study will help inform what needs to be done to open our economy safely and to return to our normal lives.

### **DFW COVID-19 Prevalence Study**

- Conducted through THR-UT Southwestern collaboration
- 45,000 participants across Dallas and Tarrant Counties
- Centers on community engagement

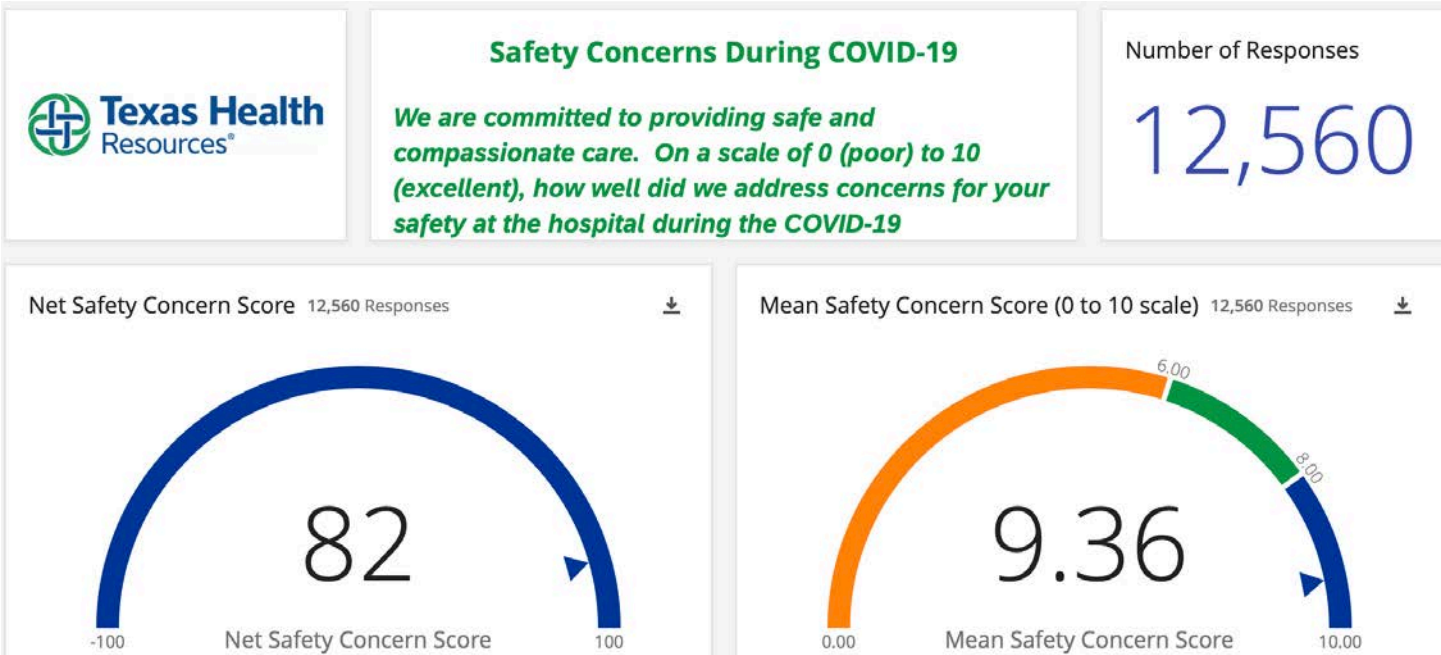
<https://utswmed.org/covid-19/prevalence-study/>

# COVID-19 Risk-adjusted Inpatient Mortality Trend



Our aggregated observed to expected (O:E ratio) risk-adjusted mortality for patients with COVID-19 as of August was 0.63

# Texas Health patients feel safe receiving care in our facilities



# Looking Forward



# Contact Us



[asprtracie.hhs.gov](https://asprtracie.hhs.gov)



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