

March 30 Newsletter  
Voice of the Virus

On Sunday, March 29, the President called for the extension of the Social Distancing through April 30, 2020. In Illinois, there is discussion of extending the Stay At Home rule beyond April 7<sup>th</sup> – but we will know soon about any extension for Stay At Home.

### **Projections of COVID-19 Cases and Needs by State**

The subject of modeling and projections of COVID-19 confirmed cases, hospitalizations, Intensive Care Units (ICUs), and deaths used to drive the decision to extend the Social Distancing is from the Institute for Health Metrics and Evaluation (IHME) based at the University of Washington with funding from the Gates Foundation. I encourage you to visit the COVID-19 web site that provides interactive information by state and identifies projected need and capacity - <https://covid19.healthdata.org/projections>

### **Encourage Calling Ahead If Someone Thinks They Have COVID-19**

To help stop the spread of COVID-19 in physician offices, clinics, and hospitals, please encourage community members to call ahead if they think they have COVID-19. I recently met with some medical staff in physician offices and clinics, and they urged everyone to get out the message, ‘please call us and let us know if you think you have COVID-19 and we will direct you where to go if testing or health services are needed.’

***On-Line Self-Assessment of COVID-19*** Everyone can use a screening tool to assess themselves using a new tool publicly available to everyone. <https://www.apple.com/covid19/> This new website and app was developed out of a partnership with Apple, the CDC, the White House Coronavirus Task Force and FEMA. Upon completing the screening tool, it will provide guidance as to next steps.

### **TeleHealth**

The federal government has removed previous barriers to the usage of TeleHealth for routine, urgent, and emergency usage for physical, mental, and behavioral health conditions and concerns. TeleHealth is an electronic interactive discussion between a healthcare provider and patient.

Many people with routine visits for a chronic disease, can now avoid going out but can still receive guidance or consultation on their condition. Patients and clinicians can also confer on COVID-19 guidance if someone is self-isolating or quarantining themselves with minor symptoms. In this environment, there is an increase in need for mental and behavioral health services – which can now be addressed using TeleHealth.

Another area that the Centers for Medicare and Medicaid Services (CMS) is encouraging the usage of TeleHealth is in nursing homes. By law, physicians only need to see a nursing home resident every 30 days and after 90 days in a nursing home, the physician only needs to see a nursing home resident every 60 days. In order to respond quickly to a change or decline in health, more nursing homes are utilizing TeleHealth and TeleMedicine services so they have access to a physician that can confer and even physically see the nursing home resident.

Pat Merryweather interviewed Dr. David Chess, geriatrician, internist and entrepreneur with Tapestry TeleHealth as he works primarily with nursing homes and has saved the lives of many nursing home residents. Rotarian Wendy Hayum-Gross joined Dr. Chess on the podcast as she is a Licensed Clinical Professional Counselor and is pioneering TeleHealth with mental and behavioral health patients. Podcast is available by clicking here <https://www.projectpatientcare.org/podcasts/>

### **Hospitals, Nursing Homes, and Food Pantries Needs – Use Rotary Disaster or Grant Funds**

During this time period of COVID-19, you can help your local hospitals and nursing homes through your efforts with an application to the Rotary Disaster Fund or usage of Grant funds from District or Global Grants.

- Protective Personal Equipment is needed which includes eye protection and goggles, face shields, surgical masks, N95 masks, sterile and non-sterile gloves, disposable gowns
- Ventilators in hospitals are needed as COVID-19 attacks the respiratory system and most patients are averaging 11 to 21 days on a ventilator
- Support for hospital and nursing home staff --- thanks and appreciation including notes of thanks and appreciation; meals; and speaking up for them

Many students and communities are in need of food and many food pantries are in need of support. Rather than buying food, it is best to donate funds as most food pantries have special arrangements to purchase food at highly discounted prices.

### **Lessons Learned from Italy**

As we are an international organization, we have the opportunity to learn and share with each other. PDG Pat Merryweather recently interviewed World Health Organization staff based in Italy, Sara Albolino, Ph.D. and Giulia Dagliana, PSM, MSc. on COVID-19 lessons learned. Italy has the highest mortality rate with 10.6% mortality percent per 100 confirmed COVID19 cases; 8.3% of all COVID-19 cases are healthcare workers; and 51 physicians died from COVID-19.

- Have entire country following same mitigation strategy and implement early
- Test to identify cases and to understand support and equipment needs
- Provide ample Personal Protective Equipment to avoid deaths and illness among healthcare workers and reduce spread of COVID-19 to uninfected COVID-19 patients
- Have ample ventilators as most patients will use a ventilator for 11 – 21 days. Have a plan on how you will handle without enough ventilators
- Utilize hotels for post hospitalization and less serious COVID-19 cases and have separate hotels for hospital staff as some will barely get any sleep during the peak of COVID-19
- Prepare staff and families that patients may die alone – which is very difficult but families are not allowed in intensive care
- Document and widely share processes that have positive health outcomes for COVID-19 patients – healthcare providers are desperate for solutions

To listen to the podcast, listen here <https://www.projectpatientcare.org/podcasts/>

Any questions, contact Pat at [dg6450pat@aol.com](mailto:dg6450pat@aol.com)

