

CMO SPECIAL REPORT: COVID-19 UPDATE

FROM THE DESK OF

Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital
Associate Dean for Clinical Affairs, College of Medicine
Vice President, Ambulatory Services and Population Health, Upstate Medical University

UPSTATE
UNIVERSITY HOSPITAL

APRIL 16, 2020

Interim Command Center

In response to COVID-19, an interim Command Center has been created that will unify bed control for both hospitals. Unified bed control will assist in maximizing capacity and optimizing resource utilization. This process will start 4/20/2020 at 0800. For all bed needs, continue to call "Bed Control" via Vocera from either hospital--this will connect you to the Command Center. Bed needs can also be addressed by calling 315-464-1966.

Update on the sensitivity of our in house COVID PCR assays from Dr. Scott Riddell

New laboratory tests are usually compared against a recognized benchmark, or "gold standard" methodology to determine performance characteristics such as sensitivity and specificity. This is not the case for COVID-PCR assays since there is no recognized benchmark test.

Due to this lack, laboratory test data submitted to the FDA to support Emergency Use Authorization (EUA) approval centers on demonstrating adequate analytical sensitivity and specificity. Analytical sensitivity is expressed as the limit of detection (LOD; gene copies/mL), which is determined by testing dilutions of inactivated whole virus or synthetic nucleic acid in a clinical sample matrix. Analytical specificity has largely been evaluated through the comparison of PCR probe/primer sequences with those of a wide range of viral and bacterial sequences to show lack of cross-reactivity, although some EUA applications have also included analysis of cultured organisms.

We currently perform two COVID-19 PCR assays. The first is the same test performed by the NYSDOH (Wadsworth EUA), which is labor-intensive and fairly slow to perform. The other is a rapid test from Cepheid. The claimed analytical limits of detection for the two tests are 1000 viral genomic copies/mL for the Wadsworth EUA and 250 viral genomic copies/mL for the Cepheid EUA. Both assays are predicted to have excellent analytical specificity.

Available published and unpublished data indicate that there are at least 10e5 viral genomic copies/mL of well-collected NP swab specimens. Taken together, this means that both tests are capable of accurately detecting the great majority of infected patients.

ALERT —
ADVISORY —
UPDATE —

IMMEDIATE ACTION REQUIRED
PRIORITY BUT NOT FOR IMMEDIATE ACTION
FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

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Indications for Rapid Testing (Cepheid RT-PCR) from Dr. Kathryn Anderson

Due to limited supplies, we have access to a small number of the Cepheid rapid RT-PCR assays (<30 tests/day), so should patient selection should follow guidelines noted below. The Cepheid tests are usually resulted within 1-3 hours after the specimen is received by the lab. Our capacity to perform the slower Wadsworth PCR assay is less constrained. Turn-around-time for the Wadsworth assay is ~24 hours.

Guidelines for Cepheid Rapid Testing:

- a. Limited to priority situations:
 - 1) symptomatic patients in the ED for whom admission is planned
 - 2) initial testing of symptomatic inpatients on non-COVID units
 - 3) patients in labor in L&D
 - 4) inpatient transfers
 - 5) homeless persons
- b. From Community Campus, you need to order a STAT courier from the microbiology lab to ensure timely receipt and processing.
- c. Note that, per the Micro lab, the rapid test has comparable sensitivity to the Wadsworth PCR. Therefore, we do not recommend sequential testing (i.e., if rapid test negative, do not need to follow-up with Wadsworth PCR, and vice versa).
- d. Given very limited supplies of rapid tests, please use the PCR (non-rapid test) assay for the test-based approach to discontinuing isolation (i.e, prior to discharge to inpatient psychiatry, rehab, or selected nursing homes).

Guidelines for use of the Rapid Test will change based on availability, so stay tuned for more updates.

Update Regarding Skilled Nursing Facility Patients from Scott Jessie

Patients from Skilled Nursing Facilities (SNFs) presenting to the Emergency Department (ED) should be considered to be at increased risk for developing COVID within the 14 days following presentation. As such, they will be placed in COVID isolation in the ED and, if admitted, placed on 6K / 7A, 3W, or an appropriate ICU as clinically indicated. These patients are to be tested for COVID only if assessment reveals a concern for a febrile Ill or other indicators of active infection. Whether tested or not, these patients are to remain in COVID isolation for 14 days or until discharge, whichever occurs first.

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A Message from the Medical Examiner

Deaths due to the 2019 Novel Coronavirus (COVID-19) from infection by the virus SARS-CoV-2, are due to a natural disease process, and, although the number of these deaths may become large, they do not fall under the statutory authority of the Medical Examiner's Office. Therefore, medical staff and the admitting departments do not need to report such deaths to the Medical Examiner's Office, unless there is a violent / unnatural etiology contributing to the death (e.g., status post overdose, status post hanging, status post assault).

Cardiology Extended Clinic Hours

In an effort to keep patients with minor cardiac symptoms that require prompt attention out of the ED during the COVID-19 crisis, beginning Monday, April 13th, UHCC Cardiology will be open Monday – Friday from 8:00 am – 6:30 pm.

We encourage all providers to send any patients with cardiac symptoms requiring evaluation (i.e., palpitations, atypical chest pain, dizziness, etc.) to the Cardiology Clinic at UHCC between the hours of 8:00 am and 6:30 pm.

This is not a walk-in clinic-- we ask providers to let us know the patient will be coming. As always, true cardiac emergencies should be sent directly to the Emergency Department.

OrthoNow!

Please see attached flyer with revised hours of operation for telemedicine, urgent in-person visits and walk-in hours.

Thanks for all you are doing. Stay safe.

Amy

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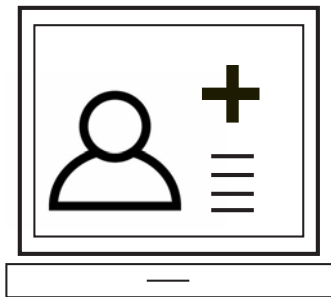
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UPSTATE ORTHOPEDICS

**REVISED
HOURS**

04-13-2020

Upstate Orthopedics will continue to provide expert orthopedic care during the COVID-19 crisis through telemedicine and urgent in-person visits.



Telemedicine Services

MON - FRI: 7:30 AM - 9:00 PM

REFERRALS

Call 315-464-8600 (8:30 AM - 5:00 PM, M-F)
or Fax to 315-464-6464



Urgent In-Person Visits

MON - FRI: 7:30 AM - 5:00 PM

REFERRALS

Call 315-464-8600 (8:30 AM - 5:00 PM, M-F)
or Fax to 315-464-6464

OrthoNOW!
OF SYRACUSE
An After Hours Walk-In Program

Walk-in Hours

MON - FRI: 5:00 PM - 8:30 PM

SATURDAY: 9:00 AM - 2:30 PM