Providing Med-Ed Insight into Supportive Environments (ProMISE) Study Exploring UIM Residents’ Perceptions about Resources Addressing Belonging, Wellness, Burnout and Professional Goals (BeWell-BP)

Lahia Yemane, MD

National Association of Pediatric Program Directors Special Projects Grants
Natalia Gomez-Ospina, MD, PhD

American Pediatric Society and the Society for Public Research
Journeys & Frontiers in Pediatric Research Program

Lori Wai Hang Lee, MD, PhD
Rishi Mediterrata, MD, MSc, MA

OPINION | COMMENTARY

Going to School on the Coronavirus

A Stanford medical student asked for a course on the subject. She got it in days.

“Knowledge from a course like this needs to travel faster than this virus. It’s our duty, our responsibility, to get this out to our students so they can be better stewards of a society in distress”
Heidi Feldman, MD, PhD
Becky Blankenburg, MD, MPH
Lou Halamek, MD, FAAP

National Academy of Distinguished Educators in Pediatrics
Ethical Duties and Resources in a Pandemic

Response to COVID-19 in Taiwan: Big Data Analytics, New Technology, and Proactive Testing

COVID-19 Updates

Confronting COVID-19 in Low-Resource Communities: Local, Migrant, and Global Settings

Optimizing Education in the Time of COVID-19

Telehealth in the Era of COVID-19
Diane Stafford, MD
Grace Lee, MD
Joe Kim, MD

Occupational Health Liaisons
Cumulative Number Of Tests For Employees From SHC, SOM, UHA, VC, Or LPCH By Order Date
Cumulative Workforce Testing Rate as of 4/27/2020 (work in progress)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>PCR Tested</th>
<th>% PCR Tested</th>
<th>Antibody Tested</th>
<th>% Antibody Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHC</td>
<td>14000</td>
<td>6500</td>
<td>46%</td>
<td>4500</td>
<td>32%</td>
</tr>
<tr>
<td>SCH</td>
<td>4000</td>
<td>1800</td>
<td>45%</td>
<td>1670</td>
<td>42%</td>
</tr>
<tr>
<td>SoM</td>
<td>2000</td>
<td>2175</td>
<td>109%</td>
<td>370</td>
<td>19%</td>
</tr>
<tr>
<td>ValleyCare</td>
<td>1350</td>
<td>700</td>
<td>52%</td>
<td>15</td>
<td>1%</td>
</tr>
<tr>
<td>UHA</td>
<td>1134</td>
<td>129</td>
<td>11%</td>
<td>14</td>
<td>1%</td>
</tr>
<tr>
<td>UHAMG</td>
<td>320</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCHA</td>
<td>362</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCHAMG</td>
<td>200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>23366</td>
<td>11304</td>
<td>45%</td>
<td>6569</td>
<td>28%</td>
</tr>
</tbody>
</table>
Cumulative # Of Tests For Asymptomatic Employees From SHC, SOM, UHA, VC, Or LPCH By Order Date

![Graph showing cumulative number of asymptomatic employee tests from SHC, SOM, UHA, VC, or LPCH by order date.]
<table>
<thead>
<tr>
<th>Test</th>
<th>% Pos</th>
<th># Positive</th>
<th>Total Resulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swab RNA</td>
<td>0.7%</td>
<td>38</td>
<td>5763</td>
</tr>
<tr>
<td>NEW Swab RNA</td>
<td>0.4%</td>
<td>25</td>
<td>5763</td>
</tr>
<tr>
<td>IgG</td>
<td>1.6%</td>
<td>73</td>
<td>4497</td>
</tr>
<tr>
<td>IgM</td>
<td>3%</td>
<td>151</td>
<td>4497</td>
</tr>
</tbody>
</table>
Tested 9,741 Unique Employees With 113 Unique Positives: 1.16%
Tested 5,943 Asymptomatic Employees With 17 New Positives: 0.29%
Cumulative Number & Daily Incidence Of Positive Employees From SHC, SOM, UHA, VC, Or LPCH By Order Date Of First Positive
Primary Work Environment of Asymptomatic Screened

- Emergency Department
- Express Care
- Inpatient unit
- Intensive Care
- Operating Room
- Outpatient primary care clinic
- Outpatient specialty clinic
- Radiology
- Laboratory
- Cafeteria

Counts/frequency:
- Emergency Department (536, 7.7%)  
- Express Care (5, 0.1%)  
- Inpatient unit (2055, 29.5%)  
- Intensive Care Unit (813, 11.7%)  
- Operating Room (715, 10.6%)  
- Outpatient primary care clinic (115, 1.7%)  
- Outpatient specialty clinic (848, 12.2%)  
- Radiology (338, 4.8%)  
- Laboratory (263, 3.8%)  
- Cafeteria (50, 0.7%)  
- Administrative Office (272, 3.9%)  
- Other (874, 12.6%)

Total Count (N): 6,923
Missing*: 187 (2.6%)
Unique: 12
Daily Incidence Of All New Positive Employees And New Positive Asymptomatic Employees By Order Date Of First Positive

Started Asymptomatic testing 4/20
Stanford Medicine Research
Response to COVID-19

Bonnie Maldonado, MD
April 29, 2020
COVID-19 Impact on Population Health and Healthcare Systems

- Healthcare systems are strained by the COVID-19 pandemic.

- Critical to investigate multiple therapeutic and alternative treatment strategies to avert the need for hospitalization.

- The Stanford University COVID-19 Translational Research Unit (COVID TRU) will help us meet this urgent demand.

- Stanford’s strengths to design flexible and rigorous clinical trials, provide simultaneous innovative mechanistic studies, and build a pipeline of next-generation therapeutics.
Epidemiology Impact on Designing Clinical Treatments for COVID-19

• Epidemiologic data indicates that ~80% of patients have no symptoms or mild COVID-19 infection.

• Although these individuals may not need hospitalization, they still experience respiratory symptoms, need to quarantine, and consequently lose productivity.

• More importantly, patients with mild disease still contribute to community disease transmission.

• Limiting viral shedding from this group is crucial to controlling disease in the individual and spread of COVID-19, especially in households and close personal contacts.
• Household transmission studies

• Stanford COVID Clinical Trials Research Unit (COVID TRU)

• Understanding immunity to SARS-CoV2

• When can we go back to “normal”? 
Understanding Household Transmission

- Patients who test positive for COVID-19 and their family members will be invited to join the study.

- Home visits to gather blood and oral and nasal swabs in order to define characteristics of patient viral shedding and observe possible within-household transmission of COVID-19.

- Understand patterns and risk factors for shedding and household transmission.
Tracking New COVID-19 Infections and Understanding Immunity in the San Francisco Bay Area
A California-based Consortium-led by Stanford Medicine:

Adaptive Master Trial for the Outpatient Setting
Covid-19 Master Protocol Outpatient Setting

**Goal:** Identify one or more effective treatment(s) for further study

**Population:** Evaluate all asymptomatic and symptomatic, confirmed-positive Covid-19 patients in the outpatient setting

**Study Design:** Adaptive Phase 2 Master Protocol

**Features:**
- Can add and/or drop arms throughout trial based on emerging external and/or internal information
- Allows for dynamic compassionate care of treatment regimens
- No control arm

Randomization within population stratified by comorbidities
Primary Outcome Measurement: Clinical Progression
Proposed interventions are based on a number of population-based assumptions:

- The disease will likely be circulating at an unknown rate for some unknown time even after staged reductions in community containment
- A vaccine will not be available for several months or longer
- Rapid viral testing and antibody testing will be available for real-time, population-based high throughput monitoring for new infections and possibly re-infections
- Behavioral mitigation strategies (handwashing, social distancing) may be incompletely successful
- Non-behavioral mitigation strategies are able to limit spread of disease.
- Hospitalizations for affected individuals will likely be low but rapidly available
When Will We Get Back to “Normal”?

➤ Agreement to continue some community interventions
  • a. Continued restrictions on mass gatherings
  • b. Sheltering in place for older adults
  • c. Not reopening schools until the fall
  • d. Masks worn outdoors

➤ Staggered return to work
Resources:

CDC:

WHO:
https://www.who.int/health-topics/coronavirus

Santa Clara County Public Health:
www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus
Values

• People are our priority
• We will be transparent and honest
Mitigation & Stabilization

• Our system is not so fragile that we will not find a path forward.
• We will be guided by collaboration and shared goals.
• It is important for us to talk with our health system partners to understand the issues and data, and look for opportunities for alignment.
• We are all looking for ways to stabilize compensation and mitigate against losses that would negatively affect our faculty.
• We should all pitch in, where we can and in ways we can.
• This will be hard, so whatever approach we arrive at should have a "look back" and opportunity for rebalancing.
Department Faculty Meeting Cadence and Topics

- Finance stabilization and mitigation
- Plans and strategies to re-open clinics and resume elective procedures
  - Procedural Operations Ramp-up Team (PORT)
  - Ambulatory Transformation Team (ATT)
  - Respond, Recover and Re-Open Team (R3)
- Scientific developments and lessons learned
- New clinical research and trials underway
- Wellness
- Plans to ramp-up clinical and basic science research
- Advocacy updates
- Education updates
- Academic Affairs and HR (e.g. hiring and search freezes)
- Real and potential Impact of COVID on patient safety and quality of care