

Royal Oak CMO Cabinet Update

SEPTEMBER 18, 2020

GENERAL:

The CMO Cabinet now has its own web page--<https://providers.beaumont.org/ro-cmo-cabinet>. Visit the page anytime to view updates.

CHAIR AND CHIEF ROLES TASK FORCE

The **Chair and Chief Roles Task Force** is considering the thoughtful comments submitted and will be addressing these in the near future.

COVID-19 TESTING

We also had addition issues raised to the Royal Oak CMO Cabinet about **COVID testing**. There is still very limited capacity for COVID-19 testing. The saliva-based test developed at Beaumont is still a research test, but lab is looking into the Yale saliva-based test. The lab is also looking into acquiring antigen-based testing. Physician practices should contact Beaumont Reference Lab directly to learn about the availability of testing for their office.

Current COVID-19 testing paradigm is:

Our current strategy is to test all admitted inpatients. In order to best meet the needs of our patients, the testing strategy often changes to meet the demand with limited capacity for rapid testing. There are two types of testing for COVID-19. The “rapid test” uses the Cepheid GeneXpert platform (with a turnaround time of 1-3 hours) and is labeled as “SARS-COV-2 by NAA Micro” while our “slow test” is a batched molecular assay (5-13 hours) labeled as “SARS-COV-2 by NAA Routine.” There is somewhat more availability of slow testing. In order to test all inpatients on or prior to admission, including asymptomatic patients, we are currently using the following paradigm.

- 1) All patients with known procedures who will be admitted (including planned C-sections, labor inductions, Pediatrics chemotherapy, etc.) should have a “slow test” 72 hours prior to admission. These patients will need to quarantine themselves until admission. There is a process for patients undergoing anesthesia pre-admission screening. Other patients will need to be ordered by the admitting physician and could be done at an urgent care. Isolation precautions will depend upon the patient’s pre-test probability.
- 2) Patients who present to the EC and will likely be admitted will receive a rapid test until the daily quota reaches 25 remaining rapid tests. At that time, symptomatic patients will have a rapid test while asymptomatic patients will have a “slow test.” During their tenure, all those with pending tests will remain in isolation precautions. At the time of admission, isolation precautions will be removed for asymptomatic patients or those with low pre-test probability.
- 3) All adult direct admissions will be admitted via the EC to be screened and tested.

- 4) Patients admitted to the Family Birthing Center and certain emergency Pediatrics admissions will be directly admitted to these units and tested on admission.
- 5) All outpatients who will be undergoing procedures, but will not likely be admitted, may have a slow test (72 hours prior to the procedure), but are not considered a priority for rapid testing.
- 6) Symptomatic patients in the EC who will likely not be admitted will have a slow test.
- 7) Inpatients who have already been tested will have a slow test if a repeat is necessary or upon discharge if required.

Request to facilitate office testing for COVID-19:

The lab will be piloting three collections sites to be set up hopefully by end of September to mid-October. These collection sites are for symptomatic patients that have an Epic order or "script in hand for COVID testing," meaning these patients must be seen (physically or virtually) and assessed by their provider prior to being collected. To start this will be offered for BMG practices only and appointments for these collections will be required. These appointments will be through "Epic scheduling." The collection process will be a self-collection (specifically, a nasal swab collection). This collection modality has been approved by the FDA as long as it is in the presence of a health care provider. The testing of these specimens will be performed at the Royal Oak Molecular Lab (as long as we can maintain testing capacity). Projected TAT should be less than 48 hrs.

Note: It is my understanding that Dr. Dan Frattarelli et al. are also working on designating specific BMG offices for similar collections (in the near future). I do not have any further details to date.

QUESTIONS TO THE ROCMOCabinet EMAIL BOX

Q: How will Beaumont's relationship with independent physicians change after the Advocate Aurora relationship becomes final?

A: Our understanding of the proposed merger is that Beaumont would partner with Advocate Aurora (i.e., it would not be a sale), and we would continue to work on improving our relationships with independent physicians.

Q: "What happened to the saliva COVID test that Beaumont was developing? Why are we not testing all admissions for COVID? Most other major organizations across the country do. We are letting asymptomatic carriers infect all of us?"

A: The saliva test highlighted is under development and will not be available clinically in the near future.

Q: "I am on staff at Royal Oak in the Dept of OB/GYN. As a fulltime practitioner, there are many days and nights I am in labor and delivery managing patients. During the night, when I am able, I try to get some rest in the call rooms near the Karmanos Natural Birth Center. The condition of the call rooms are abhorrent and especially in this time of Covid, I am concerned with the lack of cleaning and safety of these rooms. Most of the time, it is obvious the rooms have not been cleaned including the bathroom attached. And there is usually not proper bedding available to remake the beds. This situation is not new, but again, in the midst of a pandemic when our health is at risk, it is even more paramount this issue is addressed. Beaumont should treat its physicians with more respect and decency."

A: Thank you for reaching out to us with your concern. We have discussed this with EVS and the rooms are now being cleaned on a regular schedule twice daily. If there is a need for immediate cleaning, please call 1-TIDY and feel free to reach out to us again if the rooms don't meet your expectation.

Q: "As an outpatient primary care physician, we need Beaumont health to find a way that PCPs can order reliable COVID testing through our labs or designated labs. As of now, patients need have a visit with our office, then need to have a second visit with WellPoint urgent care to get a Beaumont test (wasteful and irritating and to the patient) or wait for county level testing which have much longer delays). This implementation would serve patients, the system and community health. Thank you for the consideration of the improvement and goal."

A: We are looking into this and hope we can find a way to help very soon.