

Sarah Schroeder/Sarah Schettle Merged Minutes

03/20/2020

Misty Casseus and Lauren Marcheskie, Abbott team members

Michael Petty, U of M, VAD coordinator Moderator

**Posted Minutes will be on [iccac.global](http://iccac.global)**

**Click on COVID at MCS; do not have to be an ICCAC member to access**

**User: covid**

**Password: covid-mcs**

- 478 registered, 391 on the line
- Can't record but can share as much information as possible
- Lots of familiar "names"

Michael Petty introduction (Leader in MCS, 25 years of experience)

- Lots of energy and concern in the room
- Addressed questions
- VAD patient with COVID (Y/N)
  - Six people have had COVID MCS patients
  - Alisa Frank, Joe Martinez, Kristy Kurcik, Laura Begley etc...
- Working at home and working at the hospital (Y/N) (40% are working off-site)
- If working off site (Y/N)
- Currently using telemedicine for VAD patients (Y/N)
  - 44 using individuals
  - 65 not using
- Called on Shauna Andrus to discuss their experience
  - 1 patient, bad cough and desaturation before going home, on home O2
  - Arranged to come to ER for INR, double bagged etc for labs
  - Day to day changes (gov't changes, healthcare changes, telehealth, 50% staffing at the moment-2 in the hospital and 2 at home)
  - How do you draw an INR on a COVID 19 patient? Was drawn at the ED...
  - Only 2 of 4 coordinators currently working, very stressful presently
- Called on others that have
  - Joe Martinez: 6 VAD coordinators on the call; having Melanie discuss the case-at home, daughter called weak, fatigue, cough, fall and fevers. Possible DC in the next day or so. Treating with Plaquenil. Husband also has COVID
- Anyone using treatments other than plaquenil? Looks to be no.
- U of M using anti-viral infections
- Looks to be typical symptoms-Cough, Fever, SOB; any links for exposure?
- Exposure to when the symptoms are present-working on this
- Called on Jami Bennett:

- San Antonio: Methodist; started seeing patients telephonically; using telehealth already in some patients; review of the symptoms and COVID screening, review medications; using home INR meters for the moment; lots of info remotely to decide what to do next
- Telephone visits, remote monitoring for 50% of patients already, review symptoms and COVID symptoms screening of all patients
- If RHF, bring patients in hospital (this patient was having LVAD alarms)
- Pre-emptively refilling all medications so patients will not run out
- Issues with anticoagulation management and other meds
  - Preemptively giving extra meds if need be
- How do we educate our loved ones
- Called on Tonya Elliott
  - 1 family member coming in and that is it
  - Worked with a company for educational purposes to be able to watch videos from their own home
  - Take the pumps out of the bags and then wipe it off thoroughly. Clean equipment well. Break up VAD days to be small. Looking in to train the trainer models (proctor, supervising, checking things off).
  - Clean up the protocols; COVID exists on cardboard for 24 hours---this needs to be very diligently watched with close monitoring
  - Staff education and family education is crucial
  - How to do patient and caregiver education remotely?
  - MedStar will allow 1 caregiver in the hospital at a time.
  - Previously had done group VAD education, sometimes up to 20 patients/caregivers
  - As a result a video of the education was created and now this will be used
  - Train the trainer (train other staff), more cleaning in between
  - COVID can live on cardboard for 24 hours, clean and disinfect everything
- Some centers are having all VAD staff classes cancelled
  - May need to be creative for online tools etc...
- If you're not working in the clinic or office-how many?
  - Staggering off site/on site
  - Coordinators rotating each day
  - 1 RN/NP at home and 1 in clinic (rotations)
  - Doctor split in clinics?
- Q/A session:
  - Nancy Richards-cloth masks reusable for dressing changes (P. Blood, patients are being asked to save masks)
  - Darcy-Mask shortage and what to do?
    - 50% are having mask shortage
  - Heather Dennis-how many COVID patients end up on temp MCS and are some leading to durable VAD?

- Presumptive patient at home: CDC guidelines given and how to monitor at home?
  - Temporarily inactivating BTT patients during the COVID infection? (a few people are answering yes)
  - Implanting only emergent VADs: 2/3 yes; 1/3 still doing elective vads
  - Putting all VAD COVID in one spot (2/3) or mixing them up (1/3)?
  - Negative pressure room and appropriate PPE: Peggy Blood-no true + VAD patients but 3 patients with “viral symptoms”. Practices changed: VAD Specialists change dressings; working as consultants to coach through the dressing change; collaborating with a non-VAD expert NP as they’re the ones to do the download on the VAD screen. Visitors are limited to ZERO. Ramped up communication and collaboration; and going case by case basis.
  - Largest group so far to meet together on this topic. Is this a forum that we all should continue? 100% yes; now how to schedule and how frequent? Every Tuesday at 3pm vs Every other Tuesday 3pm (50/50). Will start every Tuesday for now at 3pm.
- Future topics: [programintegrity@abbott.com](mailto:programintegrity@abbott.com)
  - Resources to Share: [mcscollaboration@yahoo.com](mailto:mcscollaboration@yahoo.com)
  - Contact the Moderator: [mpetty1@fairview.org](mailto:mpetty1@fairview.org)
  - Contact ICCAC: [sarah.schroeder@vadcoordinator.org](mailto:sarah.schroeder@vadcoordinator.org)