SPEAKING UP & CARING MOMENTS

Consider sending an ecard through Kaiser to someone who has been kind, compassionate, or innovative (to give a few examples):

https://caringmoments.kaiserpermanente.org/ecard/

https://caringmoments.kaiserpermanente.org/ecard/

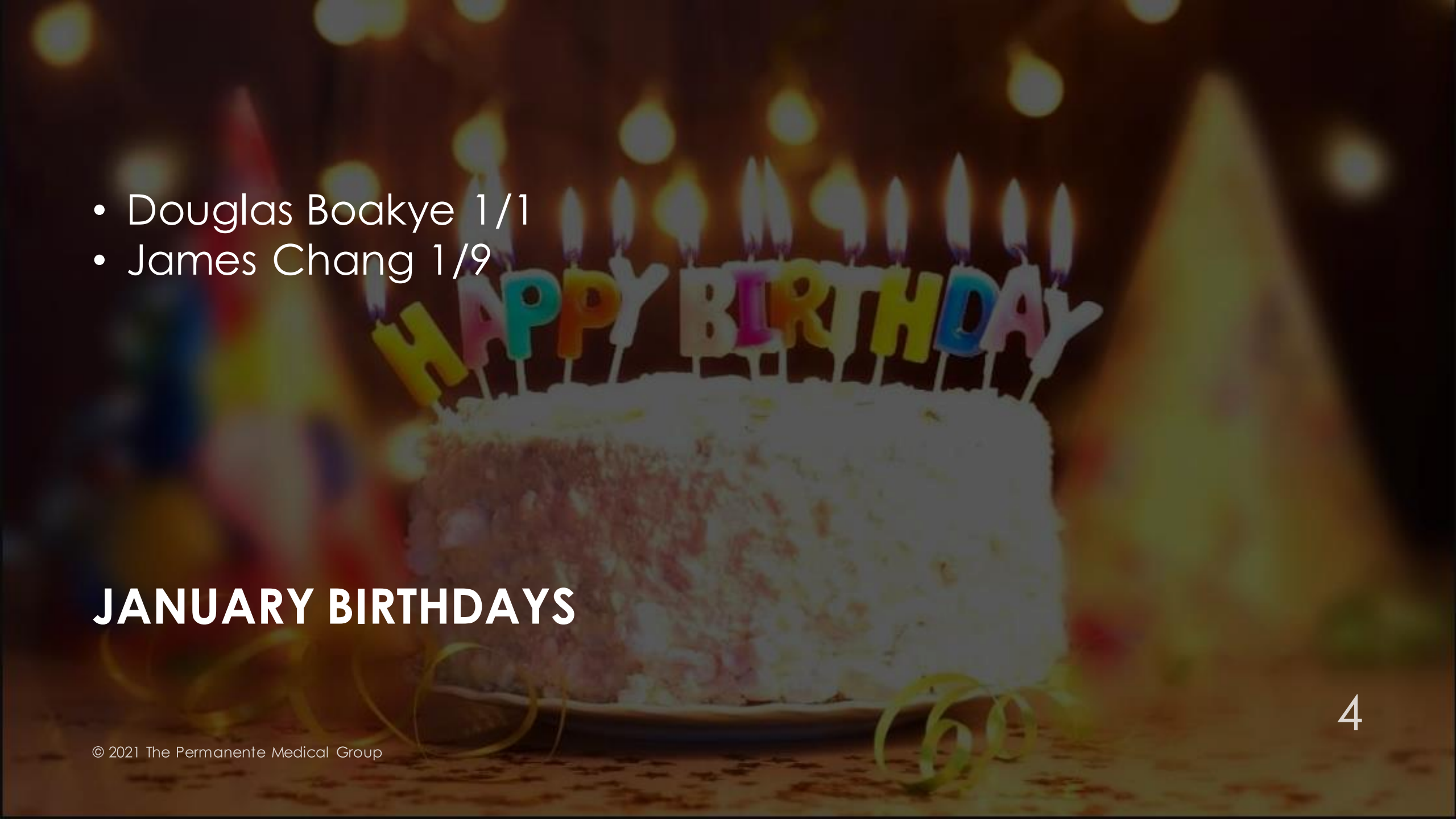
Meeting Minutes:

Shout-outs:

- Eva thanks Anly for helping out w/ admissions while rounding
- Karuna would like all of us to give shout out to each other for our hard work; would also like to thank Kris
- Oxana would like to thank fellow rounders that helped out w/ busy census

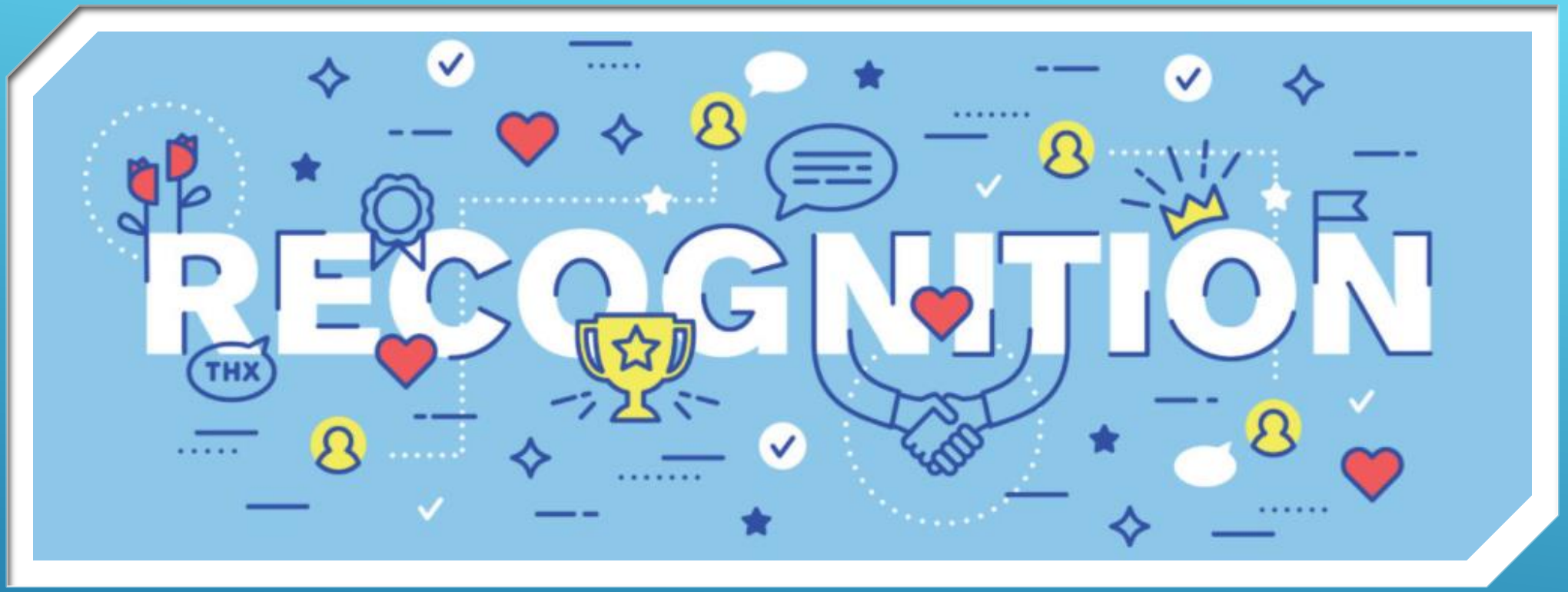
Vijay thanks Chizoba, Anima and Michael for helping out with busy census

CELEBRATIONS



- Douglas Boakye 1/1
- James Chang 1/9

JANUARY BIRTHDAYS



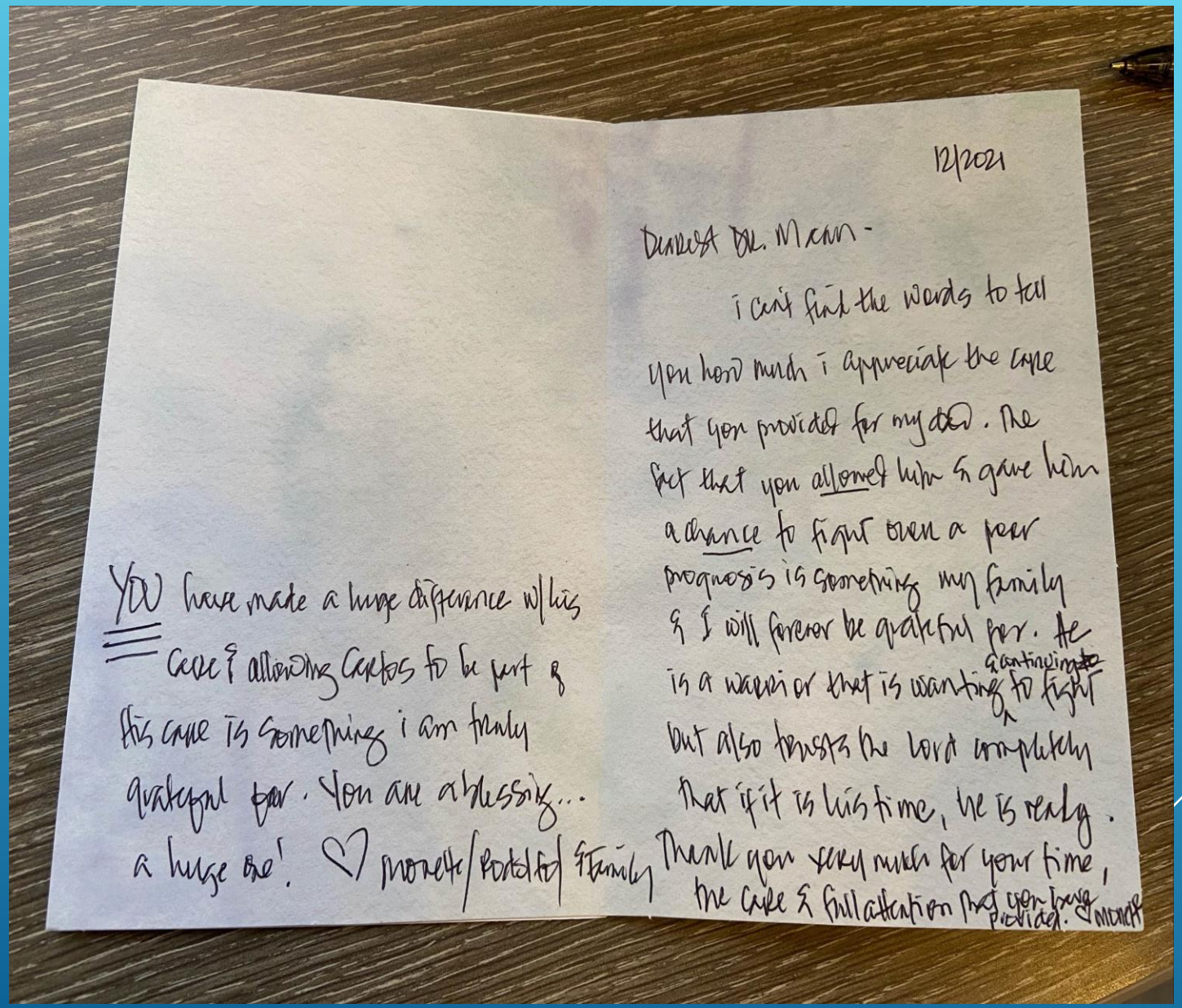
PHYSICIAN RECOGNITION

From: Thomas L. Chen <Thomas.L.Chen@kp.org>
Sent: Sunday, December 26, 2021 6:30 PM
To: David T Chiu <David.T.Chiu@kp.org>; Chizoba R. Nwosu <Chizoba.R.Nwosu@kp.org>
Subject: Want to give recognition to the evening team tonight

Hi David and Chizoba,

Wanted to make sure the crew on tonight (Ilan, Lauren, and Oxana) at SLN gets recognized. Hadie was having a huge difficulty in keeping up with a huge influx of pages coming into 4 PM and working on upgrading an unstable patients. We had 8 patients awaiting admission. Within 2 hours, the backlog of patients all had admission orders, and 2 different rapid responses were called. Thanks to Ilan for taking 3 patients. Thanks to Oxana for running two rapids while doing one admission. Thanks to Lauren for doing two admission while upgrading a patient to the ICU.

Just thought you should know.
Tom



12/2021

Dearest Dr. Mcan -

i can't find the words to tell you how much i appreciate the care that you provided for my dad. The fact that you allowed him & gave him a chance to fight even a poor prognosis is something my family & I will forever be grateful for. He is a warrior that is wanting to continue to fight but also trusts the Lord completely that if it is his time, he is ready. Thank you very much for your time, the care & full attention that you have provided. Monique

You have made a huge difference w/ his care & allowing Carlos to be part of this care is something i am truly grateful for. You are a blessing... a huge one! ♡ Monique Rosales Family

Dr. Camaro was very thorough with doing his job of taking care of my mom. he shows love and compassion for mom in a way that no other doctor has shown at all.


onse Date
VIEW BY
Response
Encounter
Comment Added
Filters
Show All (13)
RESPONDENTS
All Comments
Feedback
Tsang
10 Best possible
RESP.DATE: 29 NOVEMBER 2021
ENC.DATE: 25 NOVEMBER 2021
COMMENT ADDED DATE: 29 NOVEMBER 2021
FACILITY: 5TH FLOOR SLN
PROVIDER: UNDEFINED
SURVEY MODE: EMAIL
QUESTION POD: INPATIENT NCAL
MOST RECENT ACTIVITY: -
NUMBER OF FOLLOW-UP ACTIONS: -
What Else Re: Experience:
Dr. Tsang is the best
Provider - Recognition

7

RESP.DATE: 30 DECEMBER 2021 ENC.DATE: 28 DECEMBER 2021 COMMENT ADDED DATE: 4 JANUARY 2022 FACILITY: 4TH FLOOR SLN PROVIDER: UNDEFINED SURVEY MODE: IVR QUESTION POD: INPATIENT NCAL MOST RECENT ACTIVITY: -
NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I would like to say that Dr. **Mark** Lewis and (INAUDIBLE) was an excellent doctor. He explained my situation to me very clearly, was very detailed in the information he found in regards to my condition. Also did a lot of research with other doctors and put a plan in motion for me once I was discharged. He's excellent and very thorough.

- Provider - Discharge/Checkout
- Provider - Info/Education
- Provider - Professional Skill
- Provider - Recognition

REHAB UPDATES

NADINE MARCELO

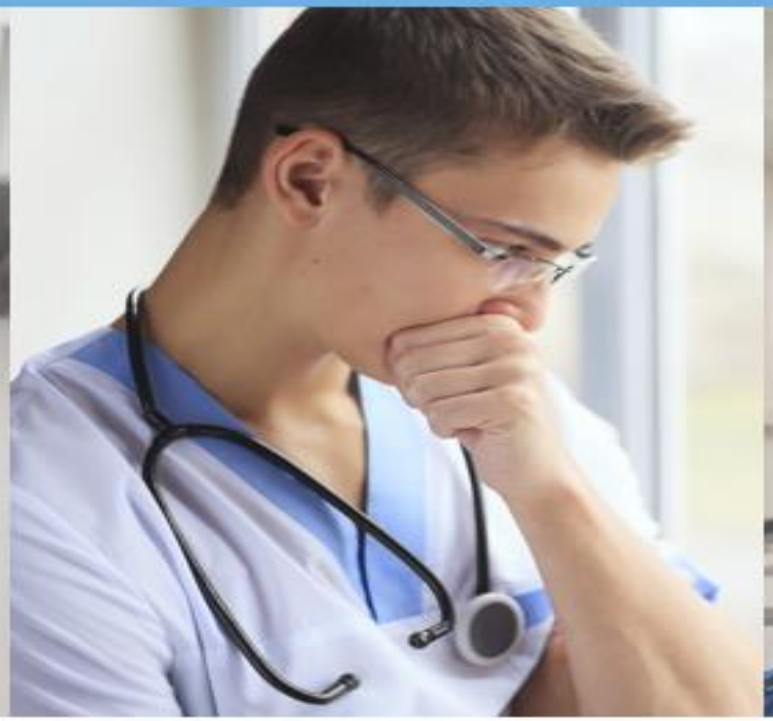
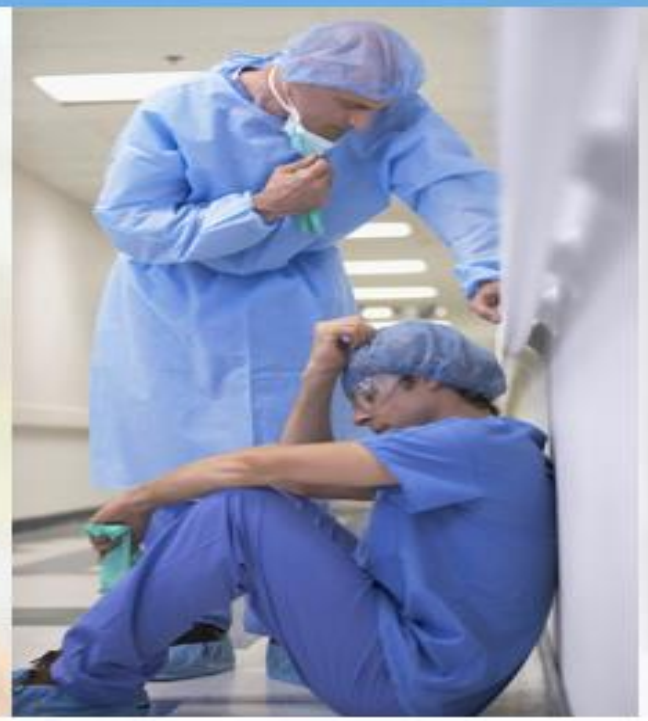
KATHLEEN CHAVEZ

Meeting Minutes:

- Recently hired 3 new speech therapists in FRE
- Encourage therapists to use Cortext rather than chart chat to communicate important info w/ HBS attending and anytime after 4pm
- PT will follow up --> an option built into therapy consult order for urgent/stat evals

FREMONT Rehab Dept	(510) 248-7470 office
Kathy Chavez, Rehab Supervisor	(510) 458-3037 Wrk Mobile
	(510) 248-7443 Spectralink
Urgent Same-day discharge phone calls	Pager #819

SAN LEANDRO	
Jamie Colgan, Rehab Supervisor	(510) 427-7895 Work mobile x68949 Spectralink
Nadine Marcelo, Asst. Director	(510) 421-4300 Work mobile x68942 Spectralink
Urgent Same-day discharge phone calls	x68335


GSAA Physician Peer Support Program

Mamata Kene
January 24, 2021

Meeting Minutes:

- Addresses physician burnout, higher rates of depression/suicide in physicians, punitive nature of peer review, increasingly difficult medical legal and hospital-physician landscape
- Burnout prevalence is 40-75% in surgical specialties, 30% non-surgical
- Peer support framework:
  - Voluntary, confidential, non-judgmental
  - NOT psychotherapy, critique of care, conflict of resolution

KAISER PERMANENTE®

First Peer Support Cohort

Specialties

- ED
- Ob-Gyn
- Pediatrics
- ICU
- Psychiatry
- Anesthesia

Program leads

- Mamata Kene
- Yen-Len Tang

Sponsors and support

- Aneema VanGroenou (emeritus)
- PICs
- Seema Sidhu
- Kim Welty (emeritus)
- Ruth Campbell EAP

Goals For Today

- Information about background, research, need for peer support
- Next steps in building HBS peer support cohort
- Resources for help

KAISER PERMANENTE®

How does aviation do it?

Context for Peer Support

What is the (unmet) need?

- Second victims
- Physician burnout
- Higher rates of suicide and depression in physicians
- Increasingly difficult medical legal and hospital-physician landscape
- Punitive nature of peer review

Pioneer Dr Albert Wu, John Hopkins

Medical error: the second victim

The doctor who makes the mistake needs help too

When I was a house officer another resident failed to identify the electrocardiographic signs of the pericardial tamponade that would rush the patient to the operating room late that night. The news spread rapidly, the case tried repeatedly before an incredulous jury of peers, who returned a summary judgment of incompetence. I was dismayed by the lack of sympathy and wondered secretly if I could have made the same mistake—and, like the hapless resident, become the second victim of the error.

(Wu, BMJ, 2000,320 726-7)

Second Victim – Common Situations

- Medical errors
- Unexpected patient death (especially pediatric or healthy young adult)
- Multiple bad outcomes
- Litigation
- Patient with connection to physician/family
- COVID-19

Moral Injury and Burnout

COVID-19 and ED staff

Symptoms of Anxiety, Burnout, and PTSD and the Mitigation Effect of Serologic Testing in Emergency Department Personnel During the COVID-19 Pandemic

Robert M. Rodriguez, MD*; Juan Carlos C. Montoy, MD, PhD; Karin F. Hoth, PhD; David A. Talan, MD; Karisa K. Harland, PhD; Patrick Ten Eyck, PhD; William Mower, MD, PhD; Anusha Krishnadasan, PhD; Scott Santibanez, MD, DMin; Nicholas Mohr, MD, MS; for the Project COVERED Emergency Department Network

*Address for correspondence: Robert M. Rodriguez, MD. E-mail: Robert.rodriguez@ucsf.edu.

May 2020: 1606 survey participants

46% symptoms of burnout and/or emotional exhaustion

Concerns: family, PPE, health of coworkers with COVID-19

What is Burnout?

- Prolonged response to chronic situational stressors on the job.

- Three dimensions;
  - 1) Exhaustion
  - 2) Cynicism
  - 3) Professional inefficacy

- Prevalence 40-75% surgical specialties, 30% non surgical **(and rising!!)**

Consequences of Burnout

Personal:

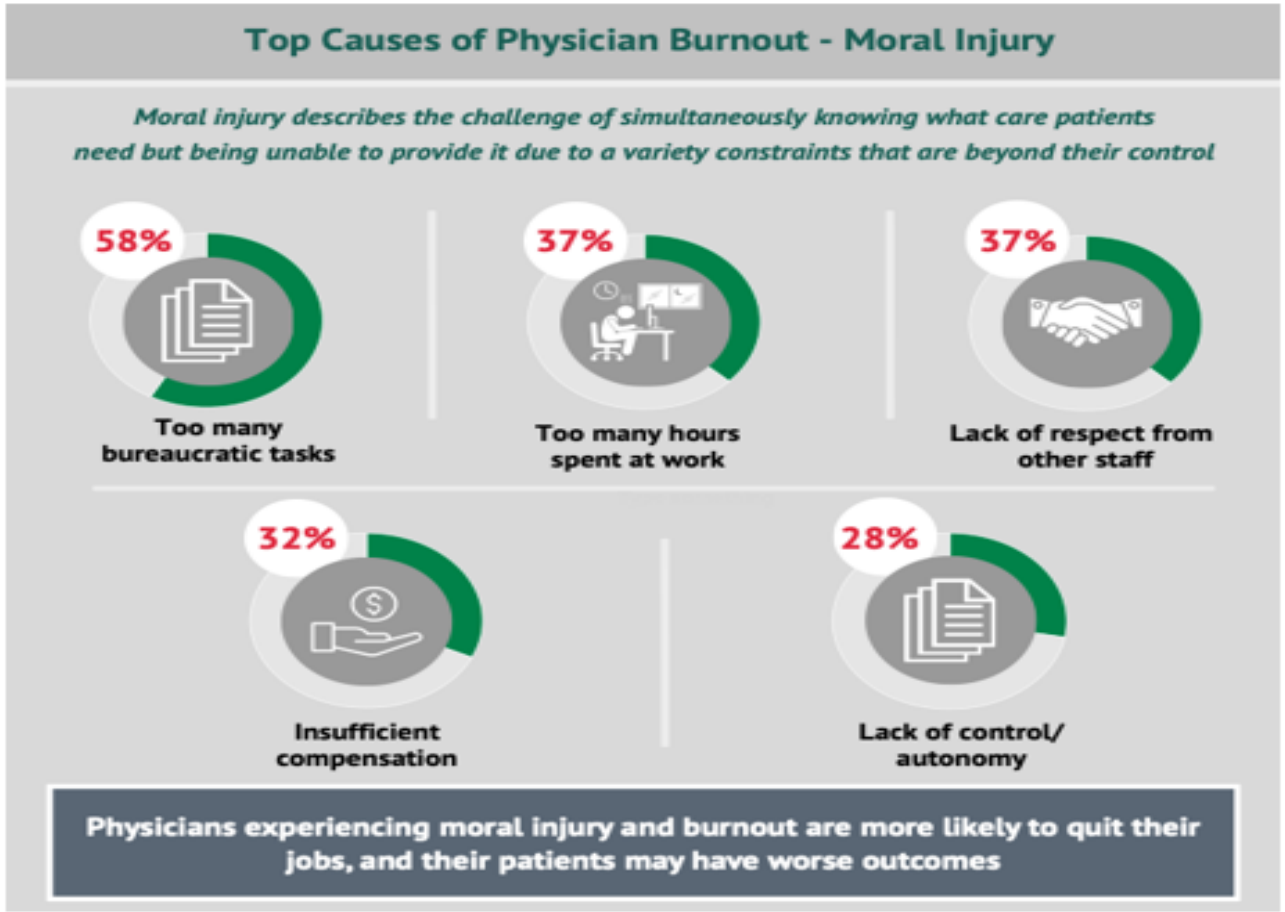
- Poor personal satisfaction
- Family disruption
- Mental health, substance abuse issues

Patient care- strongly associated with:

- Medical error
- Lawsuits
- Poor patient satisfaction

Moral injury vs burnout

- "Moral injury occurs when we perpetrate, bear witness to, or fail to prevent an act that transgresses our deeply held moral beliefs. In the health care context, that deeply held moral belief is the oath each of us took when embarking on our paths as health care providers: Put the needs of patients first." Dean 2019



KAISER PERMANENTE®

Depression and Suicide

Depression: The lifetime prevalence of depression among physicians:

13% in men

20% in women

7-25% in the general population

Depressed providers are more likely to be involved in medical errors

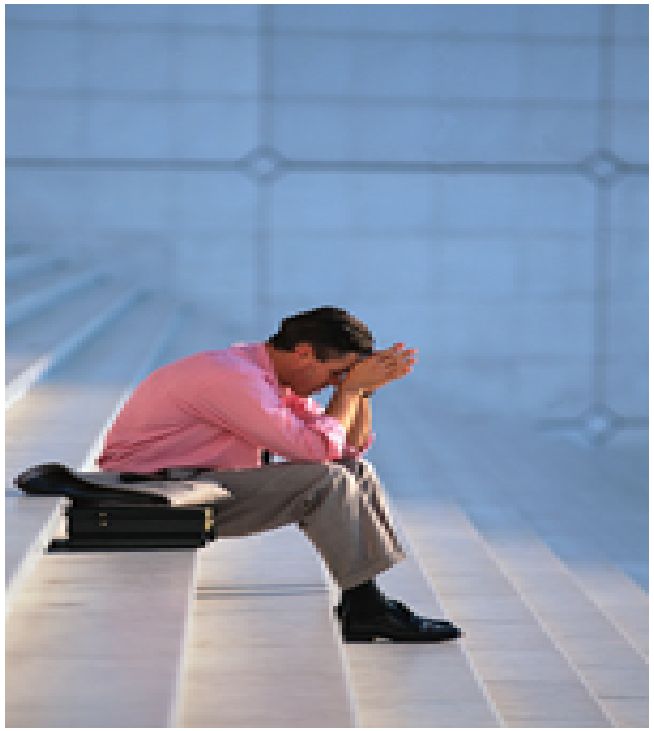
Suicide: Physician suicide rate is significantly higher than that of the general population

- **130% higher in female doctors**
- **40% higher in male doctors**

Alcoholism and substance abuse are strongly associated with suicide

Emotional Impact of Adverse Events

- Emotional Roller-coaster
- Guilt and Shame
- Loss of confidence, questioning competence
- Fear of loss of reputation
- Feelings of isolation
- Repeated reliving of the event
- Anxiety, depression
- Anger, moodiness
- Confusion, inability to concentrate



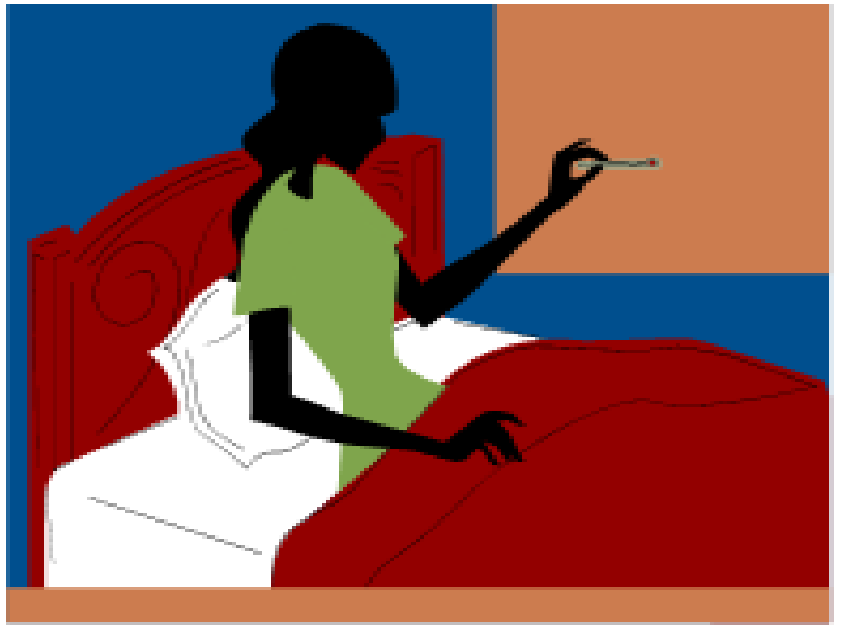
These are normal human reactions to (ab)normal events

Common Behavioral & Cognitive Symptoms

- Sleep disturbance
- Appetite changes
- Numbing with alcohol or drugs
- Isolation
- Impaired concentration
- Impatient, irritable
- Hypervigilance

Most Common Physical Signs & Symptoms

- Fatigue / exhaustion
- Crying
- Increased blood pressure
- Nausea / GI symptoms
- Muscle tension & headaches
- Impaired immune system



Peer Support Framework

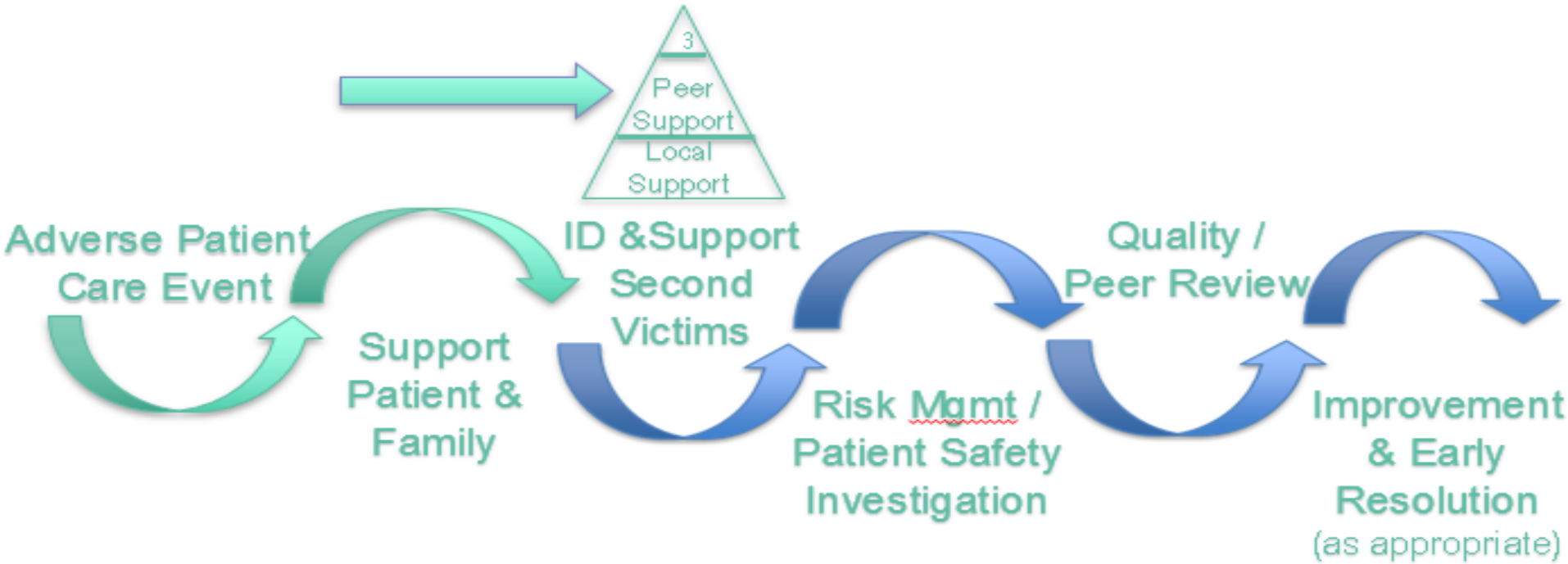
Why Peer Support?

- 90% of providers surveyed thought that their hospital or health care organization did not adequately support them after an adverse event.
- 82% indicated that they were somewhat or very interested in some form of counseling

90% of those indicated they'd prefer peer counseling

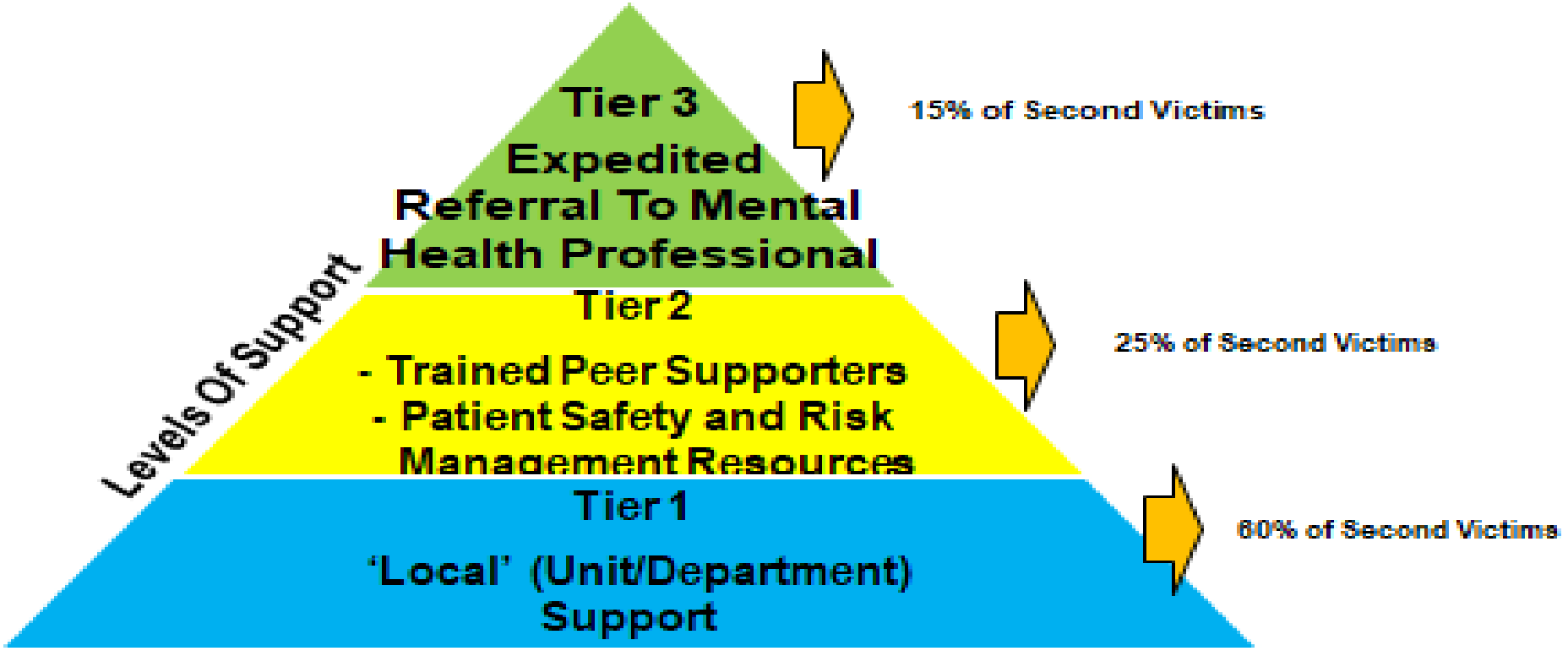
J Comm J Qual Safety 2007 33:467-476

Peer Support: A Component of Integrated Event Response



KAISER PERMANENTE®

U of Missouri – Tiered Approach



After an unanticipated adverse medical outcome, the patient and their loved ones are the first victims. Healthcare providers traumatized by the incident are sometimes referred to as "second victims".

Peer Support Principles

Peer Support is…

- Voluntary
- Non-judgmental
- Confidential (exceptions?)
- Just Culture – fair treatment for staff/providers

Peer Support is NOT…

- Critique of care
- Psychotherapy
- Conflict resolution

Peer Supporter Role

- Confidential outreach (1:1 buddies, group debriefs)
- Minimum 1 year term
- Initial training (4 hours)
- Bi-monthly team meetings
- Encounter Form (confidential)

And most importantly… to provide support to your colleagues

Resources

Referral

- Confidential
  - Cortext Mamata Kene or Yen-Len Tang (program chairs)
  - Email: GSAAPeerSupport@kp.org
  - Website (Intranet only): http://insidekp.kp.org:81/california/gsaa/departments/physician_peer_support.html

Resources:

You Are Not Alone

Emotional and Psychological Support in the GSAA

During this challenging and unprecedented time, these resources are here to support your wellbeing and mental health:

Employee and Physician Assistance Program:
510-675-5900 | kp.org/eap

24-Hour Immediate Access EAP: 877-801-5751

Here4You (HR call center resource to help support immediate needs): 877-457-4772

Mental Health and Wellness:
San Leandro: 510-626-2800
Fremont: 510-460-4062
Union City: 510-675-3080

Physician Well-Being:
Cortext Dr. Yen-Len Tang | 510-458-3847

Physician Peer Support:
Cortext Dr. Mamata Kene and Dr Yen-Len Tang

Spiritual Care Services:
Fremont: 510-248-7095
San Leandro: 510-454-4716

National Suicide Prevention Lifeline:
800-273-8255

GSAA Psychological Support
Insidekp.kp:81/california/gsaa/pst

Care for Yourself
Care for Others
Care for Our Community

Time to reflect, recharge and rebuild resilience

Additional coping and resilience resources:

Calm is an app for meditation, mental resilience and sleep. KP members can access all features at no cost.

my Strength is a personalized program that helps improve your awareness and change behaviors.

Mindful Hub https://sp-cloud.kp.org/sites/MindfulHub

QA pearl
Therapeutic Duplication

Presented by Jen Tinloy

HBS QA Liaison

HBS Department Meeting 1/24/22

Meeting Minutes:

- QA sent for duplication of therapy ordered on admission
- Learning point: Total Joint Commission and CMS standard prohibits the practice of duplicate therapy
- When reconciling medications on admission, be cautious when ordering more than one medication for same indication; ask pt which med they prefer for first then order other med as PRN
- If verbal order provided, ask RN I fother meds are currently ordered for same indication. Discontinue or modify order for specific criteria to avoid therapeutic duplication.

Case

- 60-year-old female with a hx of anxiety, HTN, HLD, severe obesity, and fibromuscular dysplasia of the renal artery s/p left nephrectomy who was admitted with severe sepsis due to UTI
- On admission, patient's home medications for anxiety and insomnia were continued, specifically valium qhs as needed for sleep, ambien qhs as needed for sleep, and fluoxetine daily
- This patient has been on ambien since at least 2012 and valium since at least 2008 and had recently filled both prescriptions 3 days prior to admission
- Patient was given both medications the night of admission. The following morning, around 6am, a rapid response was called for hypoxia and hypertension urgency with concern for flash pulmonary edema. Patient was treated accordingly and stabilized on the floor
- The patient continued to receive both sleep aids the remainder of her hospital stay with no adverse reactions

QA concern

- QA referral for therapeutic duplication of valium and ambien and concern that both medications were given to the patient for the same PRN indication

- Why is this a concern if patient is already on these medications prior to admission and uses them both regularly for sleep?

Joint Commission and CMS

- There is both a TJC and CMS standard that prohibits the practice of therapeutic duplication in hospital orders
- Therapeutic duplication occurs when 2 or more medications are ordered PRN for the exact same indication and it's not clear which medication should be given first or whether they can be given concurrently.
- There's a safety concern, particularly with pain meds, which is already part of our admission order set
- The intent is to ensure that medication orders are clear and accurate for all members of the patient care team involved in medication management (i.e pharmacy and nursing staff)

What can we do?

- When reconciling home meds on admission, be cautious when ordering more than one medication for the same indication. Ask the patient which medication they prefer to use first or if they have an alternate PRN indication for one of the medications

- When ordering new hospital medications for the same PRN reason, please provide specific directions, including specific criteria (i.e Tylenol for headache, ibuprofen for back pain) and sequencing (i.e first-line, second-line)

- If a verbal order is provided, ask the RN if other medications are currently ordered for the same indication. Discontinue, sequence or clarify the specific criteria to avoid therapeutic duplication

HBS Department Meeting Updates

JANUARY 2022

New HBS Liaisons

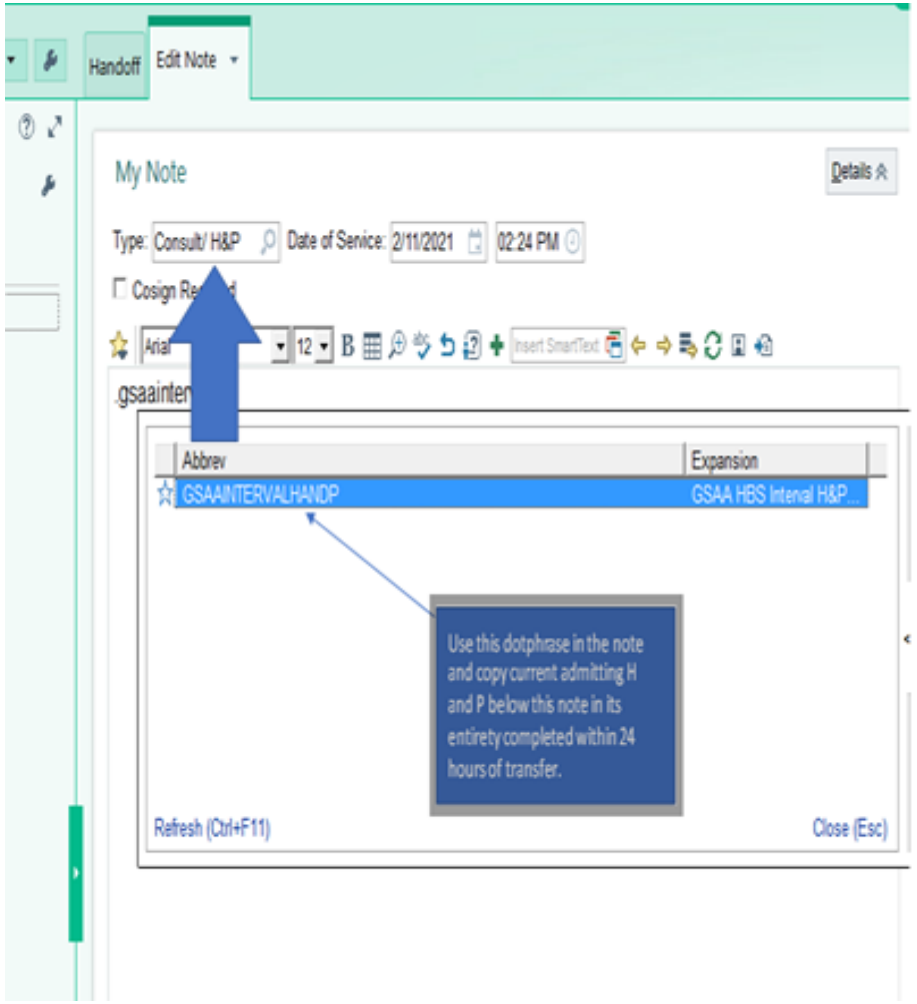
- Palliative Care – Anabel Hugh, MD
- Oncology – Vincent Wong, DO

Meeting Minutes:
- Many HBS praised Dr. Shek and Dr. Kuan for being helpful and easy to communicate with
- Oncology --> ongoing communication regarding workflow, transition of care, role clarity, degree of involvement, active management and supportiveness in hospitalized patient care

SLN/FRE Transfers

Please use the GSAA Interval H and P for below scenarios:

- only for transfers between SLN and FRE for bed availability
- transfer must occur within **24 hours** of last H and P written
- please keep notes simple, neat, and easy to follow. Please document reason for transfer and it should only be used for bed availability with little changes in plan of care. If much has changed in the care plan, then it may be worthwhile to just complete full H and P or at minimum complete an updated full assessment and plan.
-**Copy the prior H and P in its entirety** including all elements or we will start to se increased HIM deficiencies under the .gsaaintervalhandp note
- reminder if we copy anything by another provider, med legally we are saying we agree with everything and take ownership for documentation done by the prior provider
- Use **note type H and P** (not interval H and P)



Care Experience

-Team Communication- Consistent Info being relayed to patient by care team

- Surveys being created to understand current state from HBS, PCC, and Nursing

-If you have any suggestions/ideas to improve care experience please reach out

-My Meds Matter- Fremont Initiative partnering with Nursing

Remember to “Educate Before You Medicate Knowledge is the Best Medicine”

ASK THREE & TEACH THREE

What are the names of my medications?

What is the purpose of my medications?

What are the possible side effects of my medications?

GETWELL NETWORK

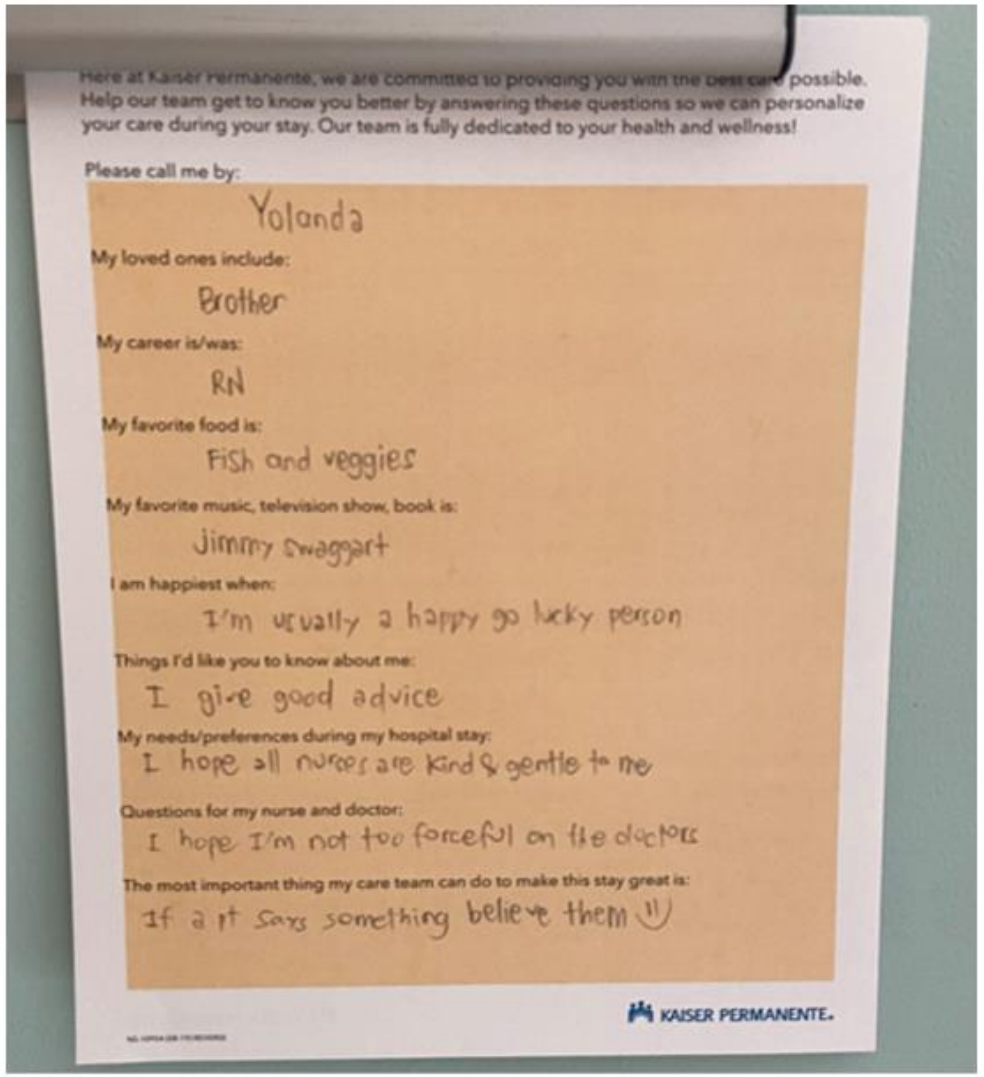
Ensure every patient watches **"Medication Safety: Recognizing Side Effects”** and completes understanding questions.

Ensure patients review new medications.

Care Experience- Personalization of Care

-Personalized care plans are crucial to improving experience and clinical outcomes
-The personalization of experiences and clinical care make for the best experience possible
-How do we add personalization in our daily care- details in care plans or personalization in your interactions?

Personalized Care



Here at Kaiser Permanente, we are committed to providing you with the best care possible. Help our team get to know you better by answering these questions so we can personalize your care during your stay. Our team is fully dedicated to your health and wellness!

Please call me by:

Yolanda

My loved ones include:

Brother

My career is/was:

RN

My favorite food is:

Fish and veggies

My favorite music, television show, book is:

Jimmy Swaggart

I am happiest when:

I'm usually a happy go lucky person

Things I'd like you to know about me:

I give good advice

My needs/preferences during my hospital stay:

I hope all nurses are kind & gentle to me

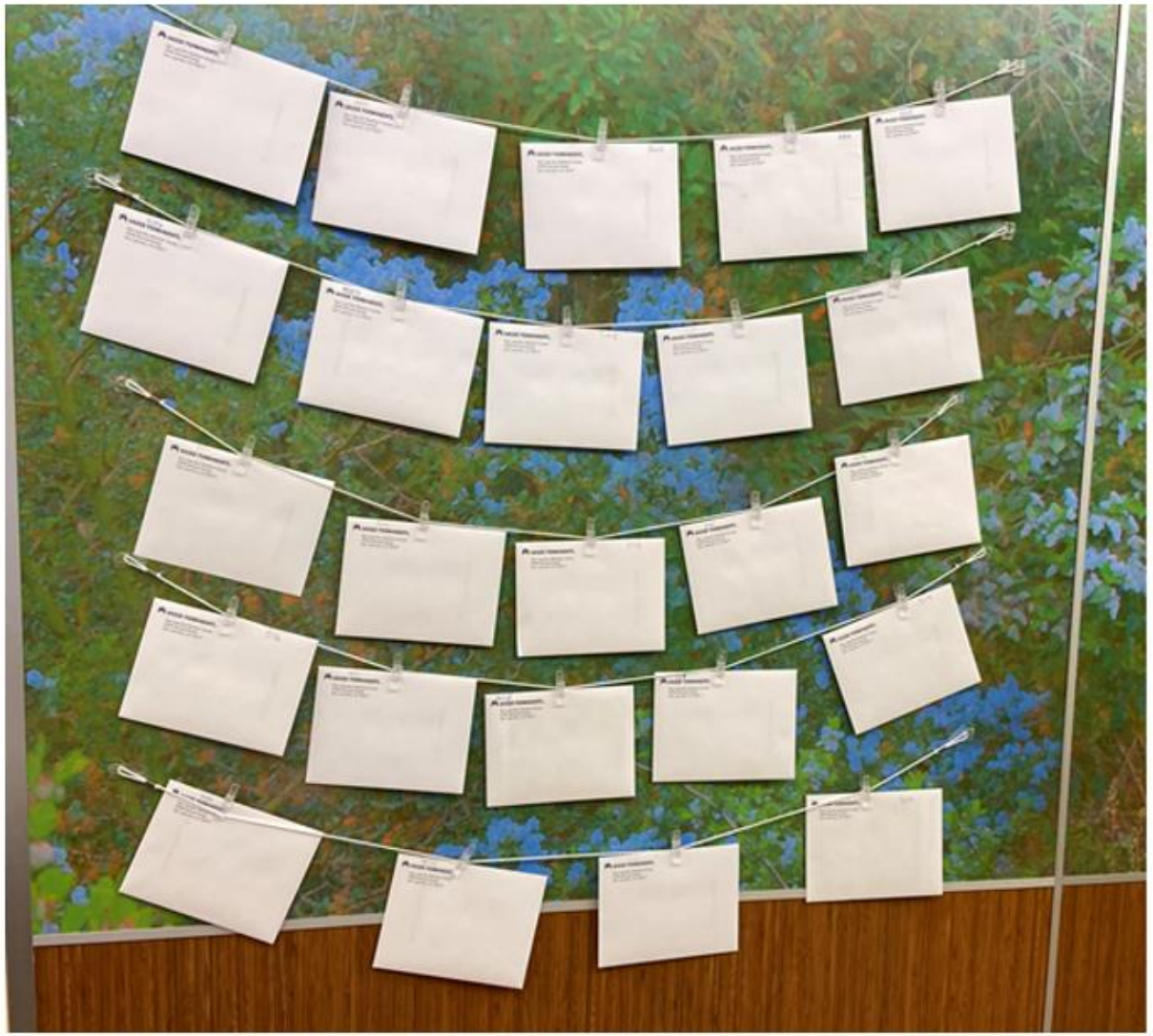
Questions for my nurse and doctor:

I hope I'm not too forceful on the doctors

The most important thing my care team can do to make this stay great is:

If it says something believe them :)

KAISER PERMANENTE.



SNF ED Boarders

-Please Ensure we are rounding on them daily
-Assess hemodynamic stability prior to transfer daily
-Address any changes in condition

HBS Department Meeting

January 24, 2022

Meeting Minutes:

- See slides for detailed clarification on Reimbursements, ECHO and Patient Distribution guidelines
- More discussions to follow regarding Teaching Team caps and when a physician is "fired"

Agenda

- Reimbursements – update
- ECHO Indication – update
- Quality Dashboard – review
- Patient Assignment Guidelines – preview

Reimbursement Updates

- General
  - Credit card statement or canceled check by itself is NOT considered a valid receipt.
  - Receipt/invoice will be need to identify:
    - Vendor/payee
    - Service or product purchased
    - Amount paid
    - Form of payment

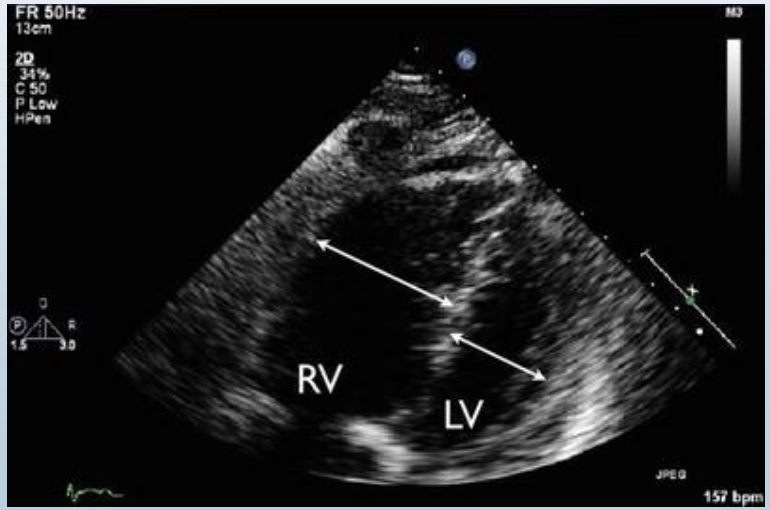
- Virtual CME
  - Only registration fee will be covered
  - No longer reimbursing for travel/lodging costs (even if it is a 'destination' virtual CME)
    - i.e. AEI – Medical-Dental-Legal CME
  - Submit copy of CME certification
    - Applies to all CME

Reimbursement Updates

- Personal Fitness/Wellness apps, equipment, materials → NOT reimbursable
- Multiple physicians pooling allowance to split eligible expense → NOT allowed
- Multiple copies of same piece of equipment at ONE time → NOT allowed
  - i.e. 2 stethoscopes at once

ECHO Indication Update

- Reminder: please continue using .GSAAECHO dotphrase
- Added indication for clarification in the setting of PE:
  - "Acute Pulmonary Embolism – pulmonary embolism with associated **<u>hemodynamic instability</u>** for which thrombolytic therapy is being considered"



REMINDER: SNF Placement in ED

- Going forward, HBS/ED Consultant will be the listed attending for SNF Placement patients still boarding in the ED
  - Helps to clarify ownership of patients given increasing placement wait times and total number of ED boarders
  - ED providers will remain available to address acute/decompensating patients

HBS
Monthly Quality Dashboard Report

Updated 1.6.22

RESULTS AT-A-GLANCE *YTD/Rolling 12-months*

	MS/MST MOB	FALLS ALL	FALLS INJURY	HAPI 2+	MD Comm	DDM	Stroke	Sepsis Reasses	C.DIFF	CLABSI Non-ICU	HAP	CAUTI Non-ICU
Measure	Avg Max	Events 1k Days	Events 1k Days	Events 1k Days	HCAHPS	% Filed	< 30 min w/excl	% Filed	Events SIR	Events SIR	Events 1k Admits	Events SIR
Target	**4.75**	**1.69**	**0.52**	**0.48**	**92.5**	**92**	**70**	**100**	**0.70**	**0.50**	**2.00**	**0.75**
Reporting Period	**Dec 20 - Nov 21**	**Dec 20 - Nov 21**	**Dec 20 – Nov 21**	**Dec 20 - Nov 21**	**Oct 20 – Sep 21**	**Dec 20 - Nov 21**	**Dec 20 - Nov 21**	**Nov 20 - Oct 21**	**4Q20 - 3Q21**	**Nov 20 - Oct 21**	**Nov 20 - Oct 21**	**Dec 20 - Nov 21**
Performance	**4.48**	**58 1.40**	**26 0.63**	**9 0.21**	**92.4%**	**91.52%**	**79%**	**95%**	**7 0.23**	**5 1.54**	**13 1.85**	**1 0.35**

SIR – Standardized Infection Ratio
C.diff rate reported quarterly

Updated 1.6.22

RESULTS AT-A-GLANCE Sept - Nov 2021

	MS/MST MOB	FALLS ALL	FALLS INJURY	HAPI 2+	MD Comm	DDM	Stroke	Sepsis Reasses	C.DIFF	CLABSI Non-ICU	HAP	CAUTI Non-ICU
Measure	Avg Max	Events 1k Days	Events 1k Days	Events 1k Days	HCAHPS	% Filed	< 30 min w/excl	% Filed	Events SIR	Events SIR	Events 1k Admits	Events SIR
Target	4.75	1.69	0.52	0.48	92.5	92	70	100	0.70	0.50	2.00	0.75
Reporting Period	Nov 21	Nov 21	Nov 21	Oct 21	Sept 21	Nov 21	Nov 21	Oct 21	3Q21	Nov 21	Oct 21	Nov 21
Performance	4.7	4 1.28	0 0.00	1 1.32	93.9	97.4%	76%	100%	1 0.13	0 0.0	1 0.32	0 0.0

SIR – Standardized Infection Ratio
C.diff rate reported quarterly

Updated 1.6.22

Patient Assignment Guidelines

Purpose:

- Guidelines intended to provide framework and transparency of daily morning patient assignments and redistributions

General Principles:

- Patients assigned in ‘Round Robin’ rotation.
- Begins with the team following the last team assigned a patient from the previous day.
- Difficult to account for every possible scenario, but underlying principles remain the same
  - Operational need
  - Helping our fellow colleagues
  - Acknowledging workload and maintaining fairness

Patient Assignment Guidelines

Responsibility:

- Monday – Sunday
  - Patient assignments will be completed by Overnight HBS/ED Consultant and then reviewed by department admins for any final updates. (Should be finalized by 8am).
- Weekends, Holidays, No Admins
  - HBA 1 (1st HBS Consultant) is tasked with reviewing the list similar to the department admins role on weekdays. (Should be finalized by 8:15am).
  - Exceptions
    - If pool physician is 1st HBS Consultant, he/she should seek assistance from any of the available rounding physicians if unfamiliar with the process.

Special Situations

- Skips/Credit
  - Credit will be allotted for ‘self-admits’ completed during admitting shifts if by default these patients appear on their rounding list the following day.
    - SNF Boarders excluded
  - ‘ICU Admits’, ‘SNF Discharges’, and ‘ED/Specialty Consultations’ are credited only during Long-Call shifts, or while one is already on a rounding rotation and offers to help with admissions.
  - Helping a colleague with high census is encouraged, but additional patient reassignments amongst individual rounding providers will NOT result in additional credit. These are considered acts of good will.

Special Situations

- Readmissions
  - Patient returning to the hospital and requiring admission will be assigned to the LAST discharging provider if the date of admission is within 14 days from the prior date of discharge.
  - Downgrades from the ICU will be assigned to the previous rounding HBS provider if he/she is currently on the same rounding rotation.
  - If provider is not on the current roster of rounders, patient will be assigned ‘Round Robin’

Special Situations

- Sick Call
  - If a rounding HBS provider is out for the day, previously assigned patients will be redistributed 'Round Robin' if replacement rounder is not available.
  - Upon return to work, patients redistributed to other teams will return to the original team.
  - Exception:
    - If provider is out sick for 3 or more days from the start of rounding rotation, upon return the provider will begin a new team which may consist of entirely new patients or a mix of new and old patients
      - Starting census will range around 8 (+/- 2) patients, depending on overall census.

Special Situations

- Teaching Team
  - Census is generally capped (when students present), depending on overall census and operational need.
  - Teaching Team 1
    - Daily number of discharges will be noted, and patients will be assigned to maintain ideal team census of 8 patients.
    - When no students present, Team 1 will fall into ‘Round Robin’ rotation
    - Upon return of students, extra patients beyond cap may be redistributed to other teams in ‘Round Robin’ rotation
  - Teaching Team 2
    - TBD

Special Situations

- Surge Census
  - Triage
    - Primary responsibility is ED Consultations and Admissions
    - Expectation is to multitask depending on operation need
      - i.e. consultation, rounding, procedures, inbasket coverage.

COVID testing updates

- Reminder
- **New: Booster Mandate:** A booster mandate has been initiated on December 28, 2021. All vaccinated employees have until February 1, 2022 to receive their booster. Those not receiving their booster vaccination must be tested for COVID-19 twice weekly or weekly depending on whether they work in acute care or non acute care settings respectively.

COVID testing updates

- What is an exposure
- A "true exposure" is an unmasked, prolonged (> 15 minutes) and close (< 6 ft) encounter with a positive or symptomatic PUI individual.

COVID testing updates

Greater Southern Alameda Area

HCW Exposure Assessment Matrix

NCAL Work COVID-19 Exposure Assessment Matrix

Work Exposure to COVID (+) Source* ***based on CDC and CDPH Guidance (12/31/21)***			
Procedure Type	**Proximity to Source** Within 6 feet for 15min or greater over a 24-hour period	**Was the SOURCE wearing a Mask?**	**HCW Exposure Assessment**
NON- Aerosolized Generating Procedure	NO		NO EXPOSURE
	YES	YES	HCW is required to be wearing a facemask (isolation or surgical mask) otherwise is considered as EXPOSED
		NO	HCW is required to be wearing at minimum an N95 mask ***AND*** eye protection, otherwise is considered as EXPOSED
Aerosolized Generating Procedure	**Proximity to Source** Within the same room for any period	**Source PPE – *not applicable for AGP***	**HCW Exposure Assessment**
	NO		NO EXPOSURE
	YES		Requires full PPE (PAPR/CAPR, gown, and gloves), otherwise is considered as EXPOSED
Community Exposure to COVID (+) Source*			
	Proximity to Source Within 6 feet for 15min or greater over a 24-hour period *or* living in the same household	**Masking of SOURCE not considered in community exposure assessment**	**HCW Exposure Assessment**
	NO		NO EXPOSURE
	YES		EXPOSURE *(masking is not considered in exposure assessment for community exposure)*

* Exposure Period: begins **48** hours prior to onset of symptoms, **or** in the absence of symptoms, **48** hours prior to the date of collection of the positive COVID-19 specimen.

WORK EXPOSURE → managers or chiefs must report potential workplace COVID-19 exposures to Infection Prevention and confirmed workplace COVID-19 exposures to Employee Health Services (EHS).
COMMUNITY EXPOSURE → managers or chiefs must direct staff to the KP Post-Exposure Assessment Website for exposure confirmation and return to work determination.

PERMANENTE MEDICINE®
The Permanente Medical Group

COVID testing updates

SURGE / CRISIS: Quarantine Guidelines for COVID-19 Work and Community Exposures in HCWs *draft 12.31.21*	
Vaccination Status	**Return to Work Restrictions and Testing Requirements during *SURGE***
All HCW's regardless of Vaccination Status	**Work Exposure**[†] May continue to work on campus if: • asymptomatic, and • negative test upon identification of exposure and negative Ag test at 5-7 days after exposure (ideally at day 5) Date of exposure = Day 0 **Community Exposure**[‡] - continual or episodic close contact with COVID (+) source in the community or at home May continue to work on campus if: • asymptomatic, and • episodic exposure (single episode) negative test upon identification of exposure and repeat negative Ag tests 5-7 days after exposure (ideally at day 5) • continual exposure[§] (COVID source in household with ongoing close contact) negative test upon identification of exposure and Ag tes repeated at every 3-5 days until source is out of infectious period (10 days from symptom onset and 24hrs of no fever). Date of exposure = Day 0 **General instructions for All HCW's returning to work during quarantine period:** • must wear N95 respirator as source control until 10 days from date of exposure • must continue to self-monitor symptoms twice per day

[†] All work related exposures are managed through Employee Health Services.

[‡] All Community Exposures should be reported through the KP COVID-19 Community Exposure Website [ADD LINK].

[§] Ongoing close contact with a COVID positive source in the same household is considered higher risk exposure and requires more frequent testing.

COVID testing updates

SURGE / CRISIS: Isolation Guidelines for COVID-19 POSITIVE HCWs – draft 12.31.21

Vaccination Status	Return to Work Restrictions and Testing Requirements during *SURGE/CRISIS*
Boosted ***or*** **Vaccinated but NOT booster eligible**[†]	**IF remain asymptomatic or are mildly symptomatic with improving symptoms**[‡] • May return to work on campus **5 days after positive result**, with negative Ag test same day or within 24 hours of return • If no follow-up testing, then may return to work on campus 10 days after positive result Day 0 = Date of initial positive test More severe illness (i.e. not fitting into category above)[§]: May not work on campus until infection is cleared and with clearance from treating physician (minimum of 10 days after symptom onset AND 24 hours after fever resolved and other symptoms improved) **General instructions for All HCW's returning to work during isolation period:** • must wear N95 respirator as source control until 10 days from date of positive test
Unvaccinated ***or*** **Vaccinated and eligible for booster but NOT boosted**	**IF remain asymptomatic or are mildly symptomatic with improving symptoms**[‡] • May return to work on campus **7 days after positive result**, with negative Ag test same day or within 24 hours of return • If no follow-up testing, then may return to work on campus 10 days after positive result Day 0 = Date of positive test More severe illness (i.e. not fitting into category above)[§]: May not work on campus until infection is cleared and with clearance from treating physician (minimum of 10 days after symptom onset AND 24 hours after fever resolved and other symptoms improved) **General instructions for All HCW's returning to work during isolation period:** • must wear N95 respirator as source control until 10 days from date of positive test

[†] Booster eligibility: > 6months from 2nd dose of Moderna or Pfizer, or > 2months from J&J dose. Prior COVID infection no longer considered protective and equates to unvaccinated / booster eligible but not boosted.

COVID testing updates

For the observed Ag test, a physician can go to these locations within 24 hours of starting work (e.g. afternoon of day 5 prior to starting work on morning of day 6).

- No e-visit needed
- Show ID badge
- Inform the testing staff this is a test for returning to work
- **You will need to be pre-approved before you go!!! please contact David first before you go.**
- Report the test result to Chief and manager

Fremont Medical Center
8am-5pm/7 days a week
Visitor Antigen Testing Station
Outside of Emergency room

San Leandro Medical Center
8am-5pm/7 days a week
Visitor Antigen Testing Station
Between Emergency Dept and East Entrance (white tent)

Please reach out to your Chief, manager, or myself and the HR team if you have questions.

Meeting adjourned @ Thanks