

AAPCHO



PI-CoPCE

PACIFIC ISLANDER CENTER OF PRIMARY CARE EXCELLENCE

Preparedness for Diabetes Management During COVID-19 Learning Series

Session 3: Developing Your Health Center Response Plan- Lessons From the Field

**June 17 2020 (US)
June 18, 2020 (USAPI)**

**Moderator: Jen Lee, Director of Community Services and
Partnerships, AAPCHO**

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About AAPCHO

AAPCHO is dedicated to promoting **advocacy, collaboration,** and **leadership** that improves the health status and access of Asian Americans (AAs) and Native Hawaiian and Pacific Islanders (NHPIs) within the United States, the U.S. territories, and the Freely Associated States.



Acknowledgements



PI-CoPCE

PACIFIC ISLANDER CENTER OF PRIMARY CARE EXCELLENCE

Pacific Islander Center of Excellence in Primary Care

OUR MISSION

The Pacific Islander Center of Primary Care Excellence (PI-CoPCE) was established to improve the health of Pacific Islanders (PIs) in the United States and U.S. Pacific through **primary care support, research, workforce development, and community initiatives.**

PI-CoPCE is unique in such a way that the Center focuses on all Pacific Islanders in the United States, Hawaii, and the U.S. Pacific; is focused only on primary care services; and collaborates not only with community health centers (CHCs) but also with community-based organizations (CBOs).



For more information visit: pi-copce.org

Preparedness for Diabetes Management During COVID-19 Learning Series

Learning Objectives

1. Increase awareness of the National Pacific Islander COVID-19 Community Mobilization Response Plan.
2. Provide health centers with key considerations to support medication management during the time of COVID-19 for Pacific Islander patients with diabetes.
3. **Provide customized community health center response plans for COVID-19 that incorporate the needs of patients with diabetes.**

Session 1: Recap

Objective

1. Increase awareness of the National Pacific Islander COVID-19 Community Mobilization Response Plan.
2. Review of National PI COVID-19 Response Team Strategies
 1. Slow and Stop the Spread
 2. Increase Testing and Contact Tracing
 3. Provide Isolation and Quarantine Support

Session 1: Recap

NATIONAL PI STRATEGIES	EXAMPLES OF ACTIVITIES
A. SLOW AND STOP THE SPREAD	
1. Promote and support the use of <u>personal protective measures</u> or PPMs (e.g., handwashing, cough etiquette, and face coverings).	<ul style="list-style-type: none">a. Translate and use materials and information that are culturally and linguistically appropriate/respectful from trusted sources (like CDC, CHCs and WHO)b. Use NHPI data from trusted sources (contact your local health department or the PI COVID-19 Response Team’s Data Workgroup)c. Use trusted messengers (e.g. PI health care providers, faith leaders, etc.)d. Partner with churches, cultural clubs, CBOs, coalitions, etc. to promote and support the use of personal protective measures.e. Utilize all communication channels (including social media) to promote the use of personal protective measures.
2. Promote and support <u>Social distancing</u> (e.g., maintaining physical distance between persons in community settings and staying at home).	<ul style="list-style-type: none">a. Translate and use materials and information that are culturally and linguistically appropriate/respectful materials from trusted sources (like CDC and CHCs)b. Use NHPI data from trusted sources (contact your local health department or the PI COVID-19 Response Team’s Data Workgroup)c. Use trusted messengers (e.g. PI health care providers, faith leaders, etc.)d. Partner with churches, cultural clubs, CBOs, coalitions, etc. to promote and support social distancing.e. Utilize all communication channels (including social media) to promote social distancing

Session 2: Recap

Objective:

Learn about correlations between diabetes and COVID-19 and medication management considerations for patients

β -cell damage

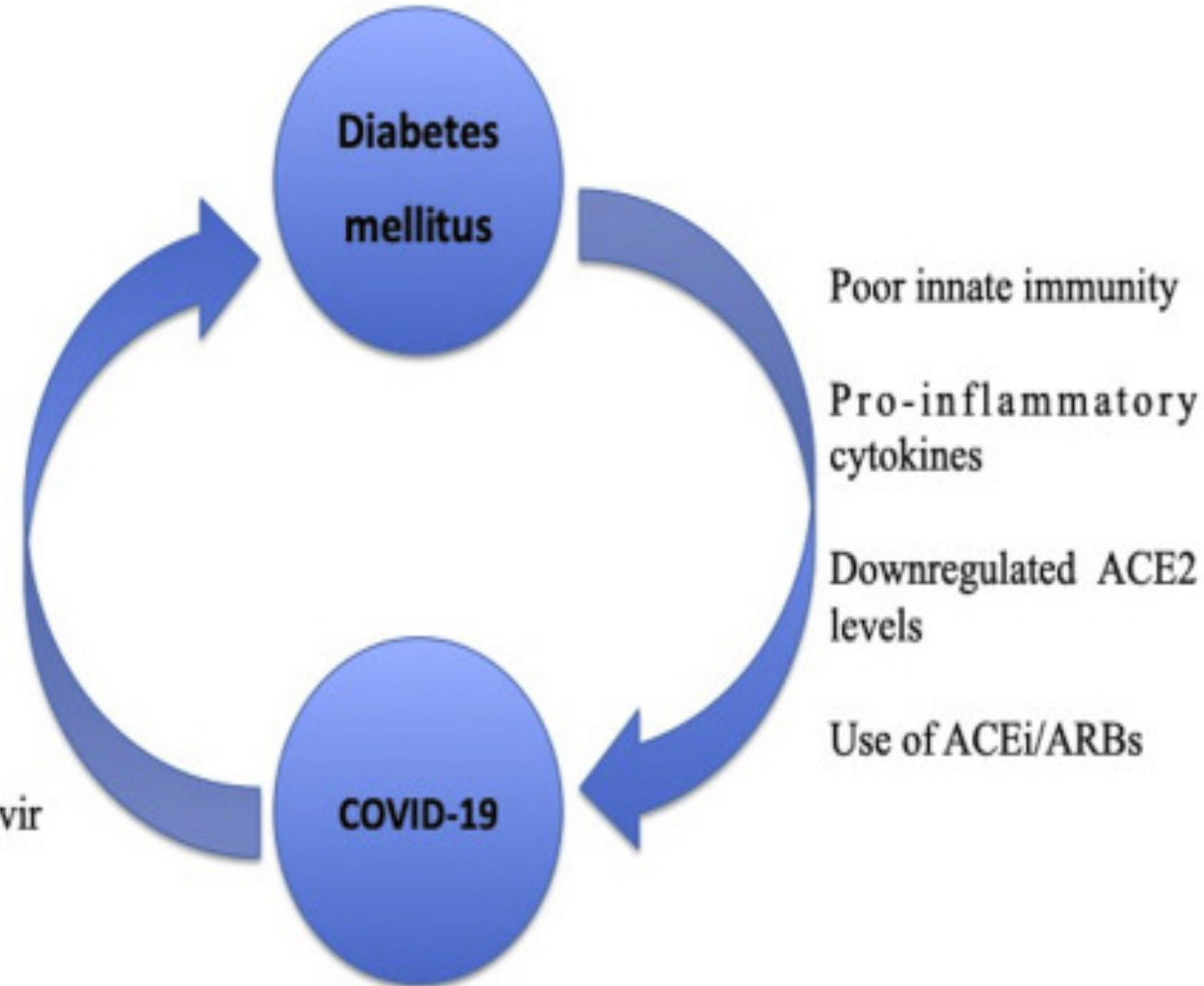
Insulin resistance

- Cytokines
- Fetuin A

Hypokalemia

Drugs

- Corticosteroids
- Lopinavir/Ritonavir



Guest Speaker



Richard Trinidad, MD

Medical Director, Sagip Community Life Center Inc. Manila, Philippines

Former Medical Director, Ebeye Community Health Center, Marshall Islands



Diabetes Management Preparedness During COVID-19 for Pacific Islander Populations

RICHARD M. TRINIDAD, MD
Sagip Community Life Center Inc.
Manila, Philippines



heal the sick
save the lost

www.sagipclc.com



PATIENT & VOLUNTEER PROFILE

YEAR 1 | QUARTER 1
JUNE-AUGUST 2019



Sagip has profiled 236 patients: 136 children (from infants to youth), 79 adults, and 21 senior citizens



Out of 50 families profiled, 44% (104) are male and 56% (132) are female.



AREAS COVERED

- | | |
|-----------------------|------------------|
| Lacson (44) | Galicia (5) |
| Aranga (7) | Geronimo (71) |
| Don Quijote (3) | Geronimo Int (6) |
| Fajardo (18) | Loyola (12) |
| Felina (19) | Quezon Blvd (4) |
| Felina Extension (27) | Sulucan (1) |
| Reten (3) | Others (7) |

97% of patients are from Sampaloc area, 30% of which are from Geronimo.

WE HAD A TOTAL OF 48 VOLUNTEER STAFF & 396 VOLUNTEER HOURS DURING THE PERIOD



- 22 MEDICAL STAFF
- 11 DENTAL STAFF
- 15 ENABLING/NON-CLINICAL SUPPORT STAFF



- 168 HOURS- MEDICAL
- 68 HOURS- DENTAL
- 140 HOURS- ENABLING/NON-CLINICAL



Through our partnership with DSWD, we were able to have an initial list of 200 families for possible profiling. SBCC has also given us a short list. For this quarter, we have profiled 50 families!

460 VISITS

An encounter or consultation with any health provider count as one visit. On the average, a patient visits Sagip 1.95 times.

354 MEDICAL VISITS (78%)

The most common medical diagnoses are HYPERTENSION, VISUAL ACUITY PROBLEM, OBESITY/OVERWEIGHT, DIABETES, and HEART DISEASE.

94 DENTAL VISITS (20.7%)

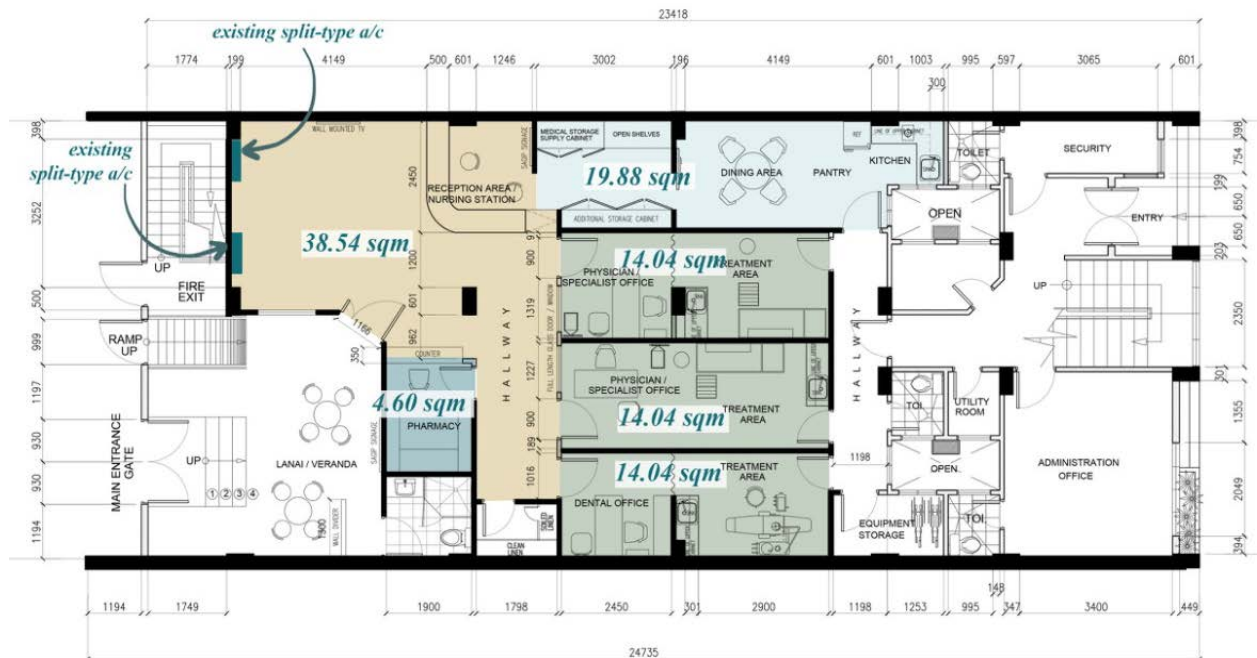
The most common dental services provided are Oral Examination (67), Prophylaxis (47), Restorative procedures (46), extraction (34), and complete rehabilitative service (1)

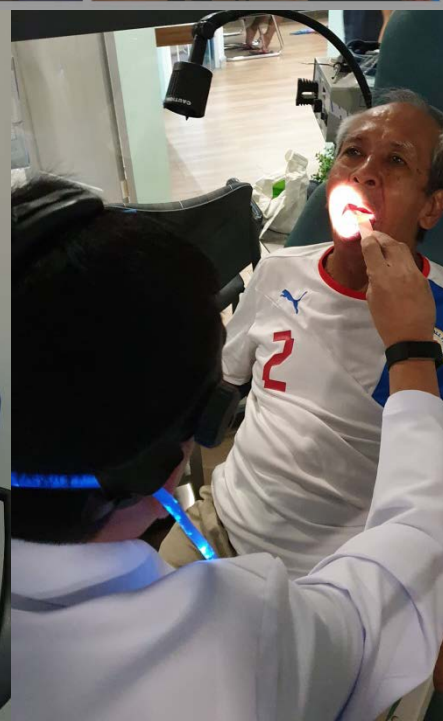
12 PARAMEDICAL VISITS (2%)

These visits include Physical Therapy and Health Education

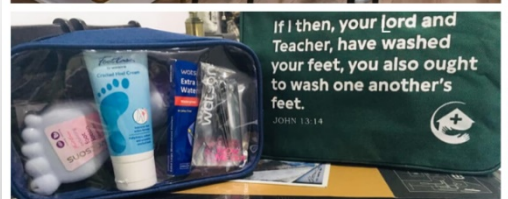
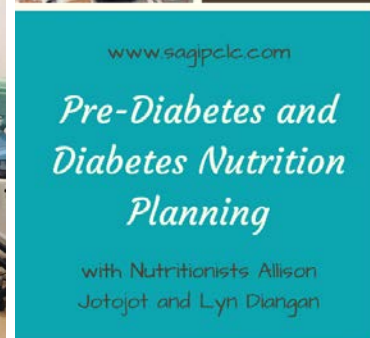
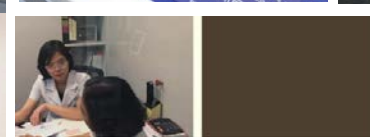
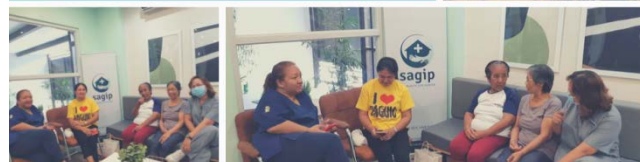
ENABLING & SUPPORT SERVICES

The center dispensed medications at least 88 times during the period. Our CVD and Diabetes patients have been enjoying this support. Pray for us as we open other services that we may also dispense medicine for patients.





Diabetes and CVD Clinic



COMMUNITY QUARANTINE



Population

Phase 1: ECQ

100% stay at home

Phase 2: Modified ECQ

100% stay at home

Phase 3: GCQ

Vulnerable (e.g., elderly)
Transmitters (e.g., youth)

Enhanced Community Quarantine

- ❑ Halted regular clinic operations and skeletal system (staff only)
- ❑ Planned for Immediate Action:
 - ✓ Inventory of PPEs and other supplies; purchase requisitions
 - ✓ Clear areas of any clutter
 - ✓ Identify the most vulnerable patients and protect from Covid19

Halt clinic operations and plan.



SAGIP Community Life Center

Published by Richard M. Trinidad [?] · March 17 ·

Sagip CLC is temporarily closed to reduce gathering and help limit the spread of the coronavirus. However, this will not hinder us from accomplishing the work God has called us to do - to love our neighbors and bring them to the feet of Jesus.

Please help us pray for our patients in these trying times. We will do community outreach to our most vulnerable patients - the elderly, the disabled, the diabetics and those with heart diseases - most of whom are already reliant with the medications we provide. We are preparing prevention-educational packets to help them minimize their exposure knowing that one COVID infection may mean life or death situation to someone. And down the line - to provide food for the hungry. Please pray for protection to our staff and volunteers. This is courage under fire.

But praise be to God! For we are more than conquerors in Christ Jesus. We mourn with those who mourn. But we can rejoice - for in JESUS, there is LIFE.

Shalom from Sagip staff and family.



PPE Inventory and Requisition

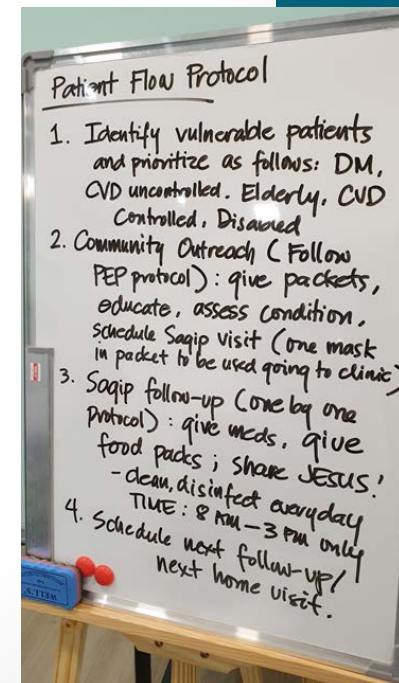


Clean and clear clinic of clutter



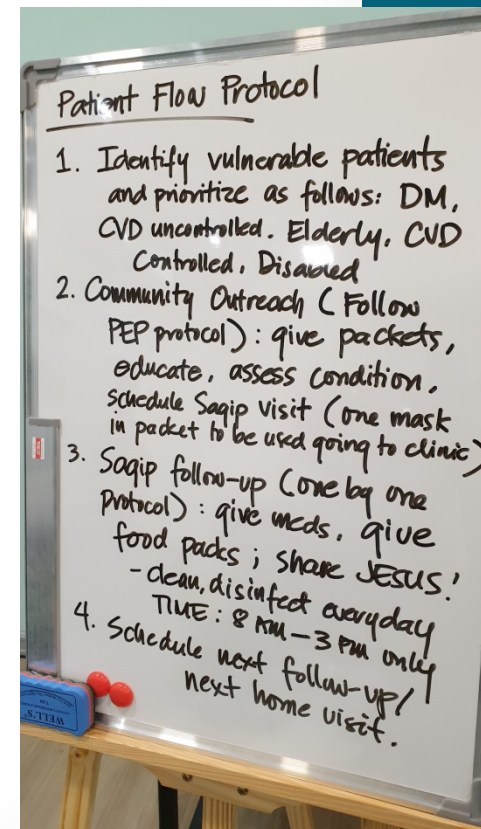
Identify the most vulnerable patients and generate list

- DM Patients
- CVD Uncontrolled
- Elderly
- CVD Controlled
- Persons w/ Disability



Protect the most vulnerable

- Assess their condition (outreach)
- Educate (using hygiene kits)
- Provide maintenance meds (at the least – for pick up)
- Provide other needs (food)







MAY 9, 2020

Sagip Patients



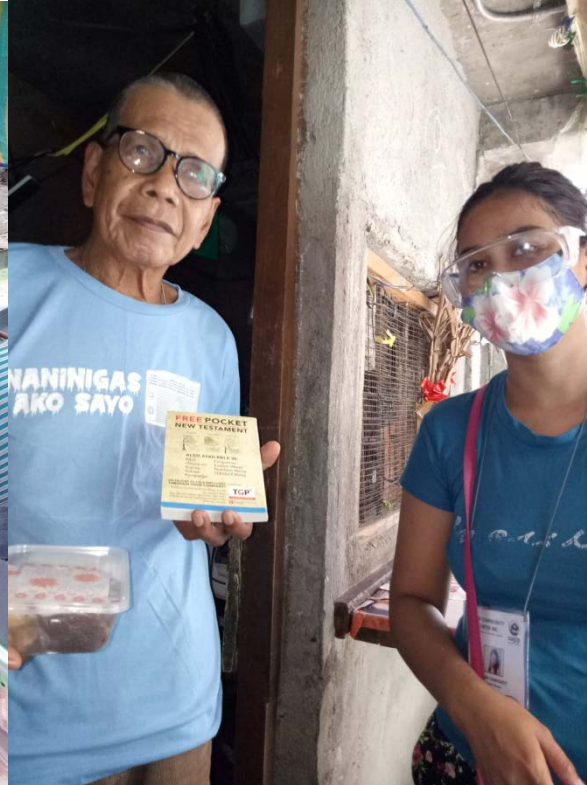
Our volunteers pray for our patients

SAGIP FOOD PACKS



MAY 8-9 DISTRIBUTION

Food packs contain bigas, ginisa ingredients, canned goods, and noodles good for a family of 5



SURVIVORS

A TUNAY NA BUHAY SPECIAL ONLINE SERIES



TunayNaBuhay TunayNaBuhayGMA

74-year-old man stands up from wheelchair to dance after recovery from COVID-19

Published April 29, 2020 9:27pm



Listen to this article now

01:37

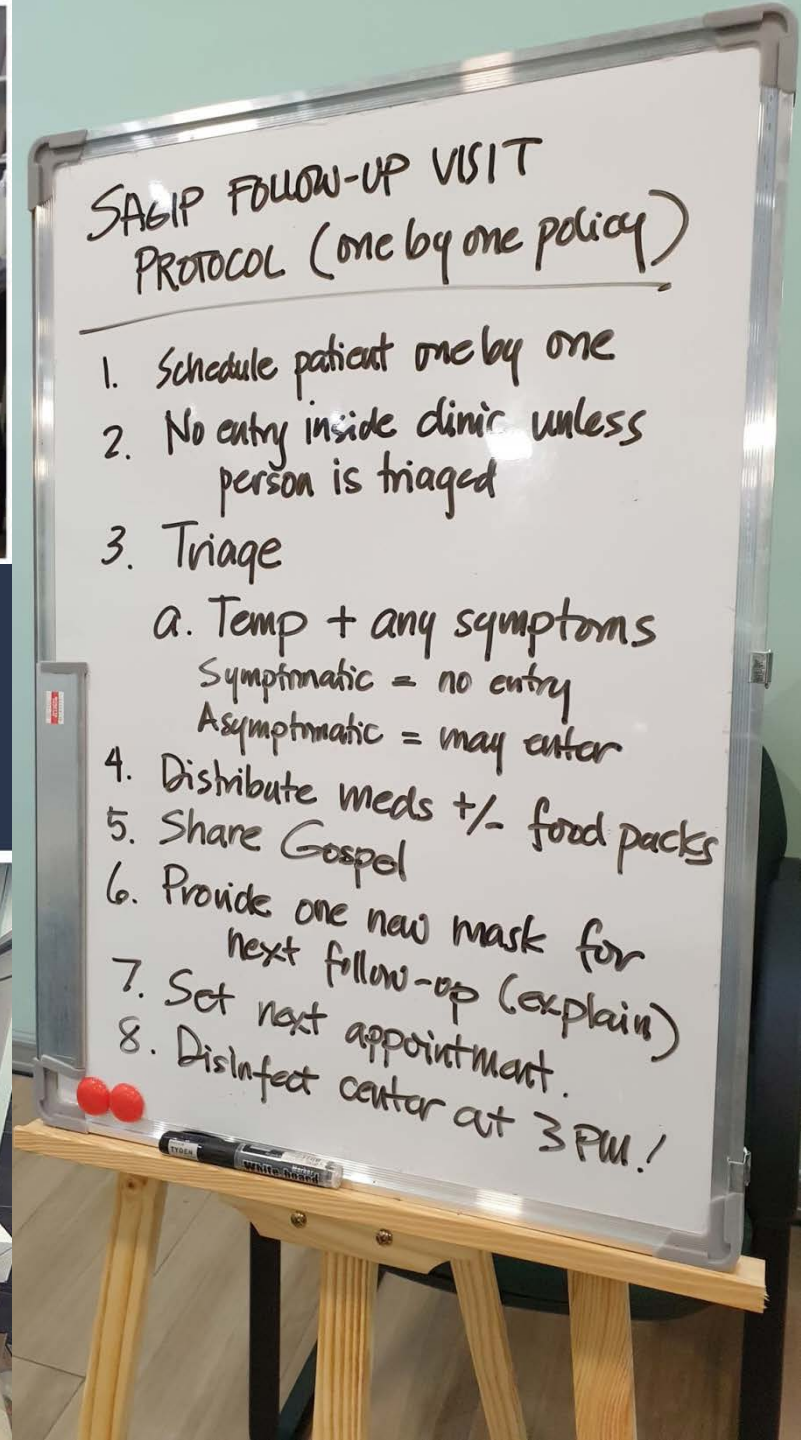


Powered by [Trinity Audio](#)



Transition from ECQ to GCQ

- ❑ Start chronic care visits
- ❑ Start piloting telemedicine
- ❑ Start planning and preparing for GCQ and New Normal
 - ✓ Work on guidelines and protocols
 - ✓ Start purchasing necessary equipment



SAGIP FOLLOW-UP VISIT PROTOCOL (one by one policy)

1. Schedule patient one by one
2. No entry inside clinic unless person is triaged
3. Triage
 - a. Temp + any symptoms
Symptomatic = no entry
Asymptomatic = may enter
4. Distribute meds +/- food packs
5. Share Gospel
6. Provide one new mask for next follow-up (explain)
7. Set next appointment.
8. Disinfect center at 3 PM!

Getting ready to serve our neighbors.



sagip
COMMUNITY LIFE CENTER

Making our inventory list, and checking it twice.



TIPS FOR RESUMING CLINIC AFTER THE QUARANTINE

The New Normal: Physical Setup

GOOD VENTILATION
Make sure your clinic has at least 12 air exchanges per hour (ACH)



Non-airconditioned room	
Open window, closed door	15.1-31.4 ACH
Half open window, closed door	10-24 ACH
Airconditioned room	
Exhaust fan ON, open window, closed door	14.6 ACH
Exhaust fan ON, closed window and door	12.6 ACH
Exhaust fan OFF, open window, closed door	14.0 ACH
Exhaust fan OFF, closed window and door	0.71 ACH



HANDS-FREE
If possible, change your doorknobs so your doors can be opened/closed using the elbows

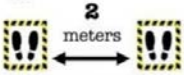
CONTROL AIRFLOW

Make sure airflow in your clinic and waiting area moves AWAY from you and your staff



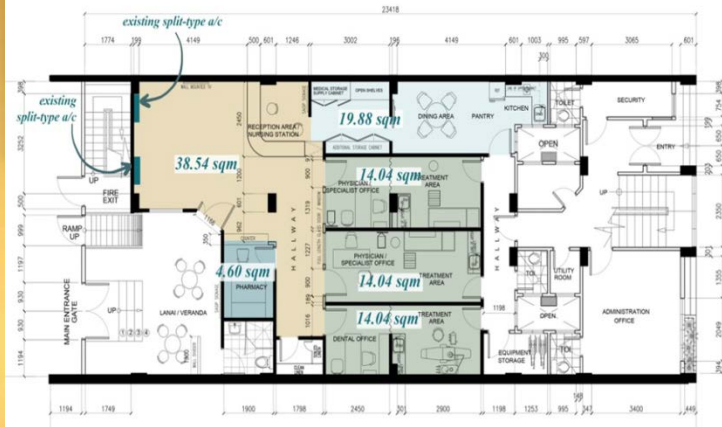
TWO METERS APART

Arrange your clinic's physical layout so that, unless necessary, everybody is at least two meters apart. Floor markers are a good idea.



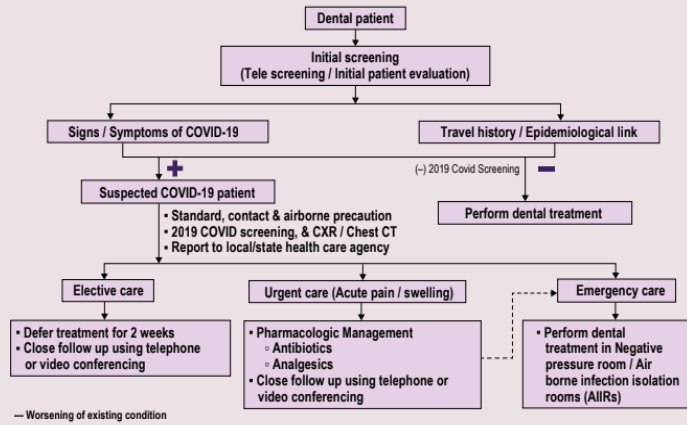
BARRIERS?

Plastic, acrylic or glass barriers may provide additional protection, but can also interfere with your physical assessment of the patient



An Overview of Patient Screening for COVID-19 and Dental Management

(See Algorithm 1-3 in the Appendix for more detailed workflow)



Corona Disease 19 (COVID-19): Implications for Clinical Dental Care JOE (In Press)
Amber Ather, BDS, DDS, Biraj Patel, BDS, Nikita B. Ruparel, MS, DDS, PhD,
Anibal Diogenes, DDS, MS, PhD, and Kenneth M. Hargreaves, DDS, PhD

PERSONAL PROTECTIVE EQUIPMENT Recommendation

RECEPTION/
TRIAGE



CLEAN AREA
NON AGP



OPERATORY
NON AGP



OPERATORY
AGP



The real aerosol Nemesis
Oral surgical aerosol suction machine SC-V102

- pumping
- Water vapor filtration
- Triple efficient filter element for filtration and deodorization
- Plasma uv dual disinfection
- Clean emissions

Strong absorption of aerosol particles, blood, bacterial droplets, viruses, odor

SAFE FAST EFFICIENT



COXO
Professional Dental Manufacturer
SINCE 2003

TIPS FOR RESUMING CLINIC AFTER THE QUARANTINE

The New Normal: Protection for You and the Clinic Staff

FACE SHIELD/GOGGLES

DON'T TOUCH YOUR FACE

FACE MASK

AVOID JEWELRY
The fewer surfaces you have to disinfect, the better.

NOTHING BELOW THE ELBOW
Simple short sleeved shirts or blouses are best to facilitate handwashing.

NO PHONE
Place your phone in a ziploc bag or any clear plastic pouch to facilitate disinfection before going home. Better yet, don't take out your phone during clinic.

WEAR CLOSED SHOES

HAND HYGIENE
Because this cannot be overemphasized.



High-pressure Plasma Air Purifier

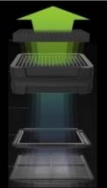
LC5

Rated voltage 220V
Rated frequency 60Hz
Dimension (mm) 650 x 315 x 306
CADR 185 CFM 310 m³/h
Application Area 100 sqm
Rated power (W) 55
Weight (kg) 10.7



LC8

Rated voltage 220V
Rated frequency 60Hz
Dimension (mm) 760 x 310 x 310
CADR 500 CFM 800 m³/h
Application Area 100 sqm
Rated power (W) 110
Weight (kg) 19.7



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General Community Quarantine

- ❑ Start implementing new pandemic protocols, new clinic set-up and use of new equipment
- ❑ Regular chronic care visits
 - ✓ Establish new clinic schedule
- ❑ Develop online consultations
 - ✓ Establish IT system
 - ✓ Re-establish referral systems

Summary of Phases

ECQ Initial Response March 15 to May 15	ECQ to GCQ Transition May 15 to June 15	GCQ to New Normal June 15 to August 15
<p>Health education</p> <p>Provide maintenance meds to vulnerable patients</p> <p>Provide assistance to select patients that need critical care</p> <p>Food Packs every 1-2 weeks to poor families</p> <p>Daily meal packs to elderly (reminders)</p>	<p>New protocols / systems</p> <p>Start some chronic care visits and some online consultations</p> <p>Start decreasing assistance to patients needing critical care</p> <p>Decrease to monthly food packs</p> <p>Decrease to weekly or weekend meal packs (continue reminders)</p>	<p>Start implementation</p> <p>Regular chronic care visits and continue online consultations</p> <p>Re-establish partnership with referral hospitals for elective care</p> <p>Refer to social services or livelihood ministry</p> <p>Onsite weekend meals with physical activity (continue reminders)</p>

Guest Speakers



Malia Purdy, PhD
Programs Director

Risa Yarborough
Program Manager

Malama I Ke Ola Health Center



Mālama I Ke Ola Health Center

MĀLIA PURDY AND RISA YARBOROUGH

Administration Considerations

- ▶ Administration
 - ▶ Safety is priority
 - ▶ COVID Command Center created
 - ▶ CEO, COO, CMO, CFO
 - ▶ Information Technology & Electronic Health Records
 - ▶ Community Engagement
 - ▶ Clinical departments invited as needed
 - ▶ Steering Committee created for re-design & re-opening
- ▶ Human Resources
 - ▶ Policies for Quarantine & Leave
 - ▶ Considered those who had childcare issues
- ▶ Workplace
 - ▶ Removal of extra items on desk
 - ▶ Disinfection Protocols
 - ▶ Social Distancing (admin switch)
- ▶ Workforce
 - ▶ Re-purposing of positions
 - ▶ Dental
 - ▶ CHWs

Covid-19 Protocol Changes

- ▶ CHWs no longer able to conduct home visits
- ▶ Protocol for interpretation services
 - ▶ Sick visits
 - ▶ Well visits
 - ▶ Referral appointments
- ▶ No complementary therapy appointments

CHWs Repurposed

- ▶ Entry screening
 - ▶ Appointments only
 - ▶ Screening questions
 - ▶ Education on Covid-19 and training for screening
 - ▶ Customer service training
 - ▶ How to interpret answers
 - ▶ Protocol for drop-off/pick-up of paperwork
 - ▶ Pharmacy pick ups
- ▶ Food delivery

Challenges

- ▶ New job duties
- ▶ Schedule adjustments
- ▶ Constant changes
- ▶ Communication
- ▶ Employee morale

Lessons Learned

- ▶ Address employee concerns and fears
- ▶ Establish communication protocols early on
 - ▶ How will new communication be released
 - ▶ What is expected of the employee
- ▶ As a manager, perform the new job duties with your staff
- ▶ Training might need to happen over a few sessions
- ▶ Quality management
 - ▶ Sit with your employees and observe
 - ▶ Have weekly meetings to manage performance

Q&A

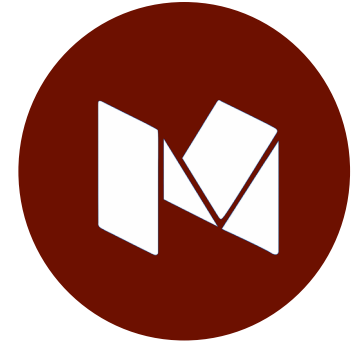


Session 3: Evaluation

- Please answer the poll on your screen.
- Second, please CHAT us your response to the following question:

What has been the most information, resource, or skill from this learning collaborative that you're likely to apply or share with colleagues within the next 90 days at your health center/organization?

Stay in Touch!



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