Division updates:

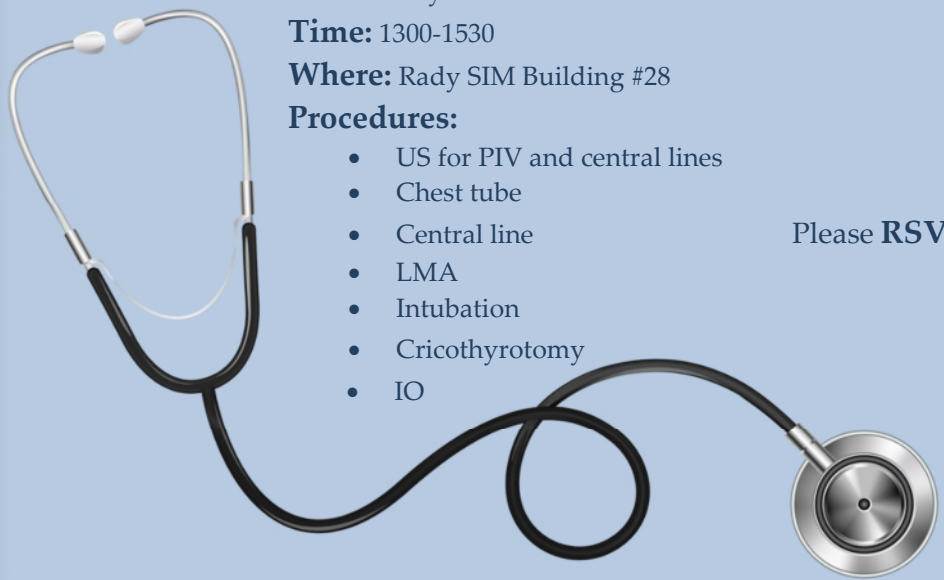
Vaccine Clinical Support:

Please sign up through the rest of this week if you're able using the link below:
https://www.signupgenius.com/go/10c0c4fa8a62fabffc34-covid19
Otherwise, please email vaccinestaffing@rchsd.org if you have regular availability to help out!

Roles assigned to you will vary from vaccine administration, crowd control, flow, to post-vax monitoring.

PEM Attending SIM Session

On account of popular demand; PEM Trauma, Ultrasound and SIM leadership will be holding our bi-annual PEM Procedure Workshop for physicians to brush up on their skills. Due to limited space, this will be reserved only for PEM Attending physicians.



When: May 18th
Time: 1300-1530
Where: Rady SIM Building #28
Procedures:

- US for PIV and central lines
- Chest tube
- Central line
- LMA
- Intubation
- Cricothyrotomy
- IO

Please **RSVP** through this link.

Thank you,
Elise Zimmerman, Atim Ekpenyong,
Matthew Murray, Lukas Austin-Page

Public Health Update:

A heads-up about hepatitis that is not viral by testing, and may be associated with a specific brand of bottled water: "**Real Water**." Primarily sold in the Southwest - including Nevada, Utah, Arizona, New Mexico and Southern California, sold at Sprouts, Whole Foods and Costco. Can be mild or associated with hospitalization.

To report, you can go through our Infection Control Nurses, or report per the SD County website:

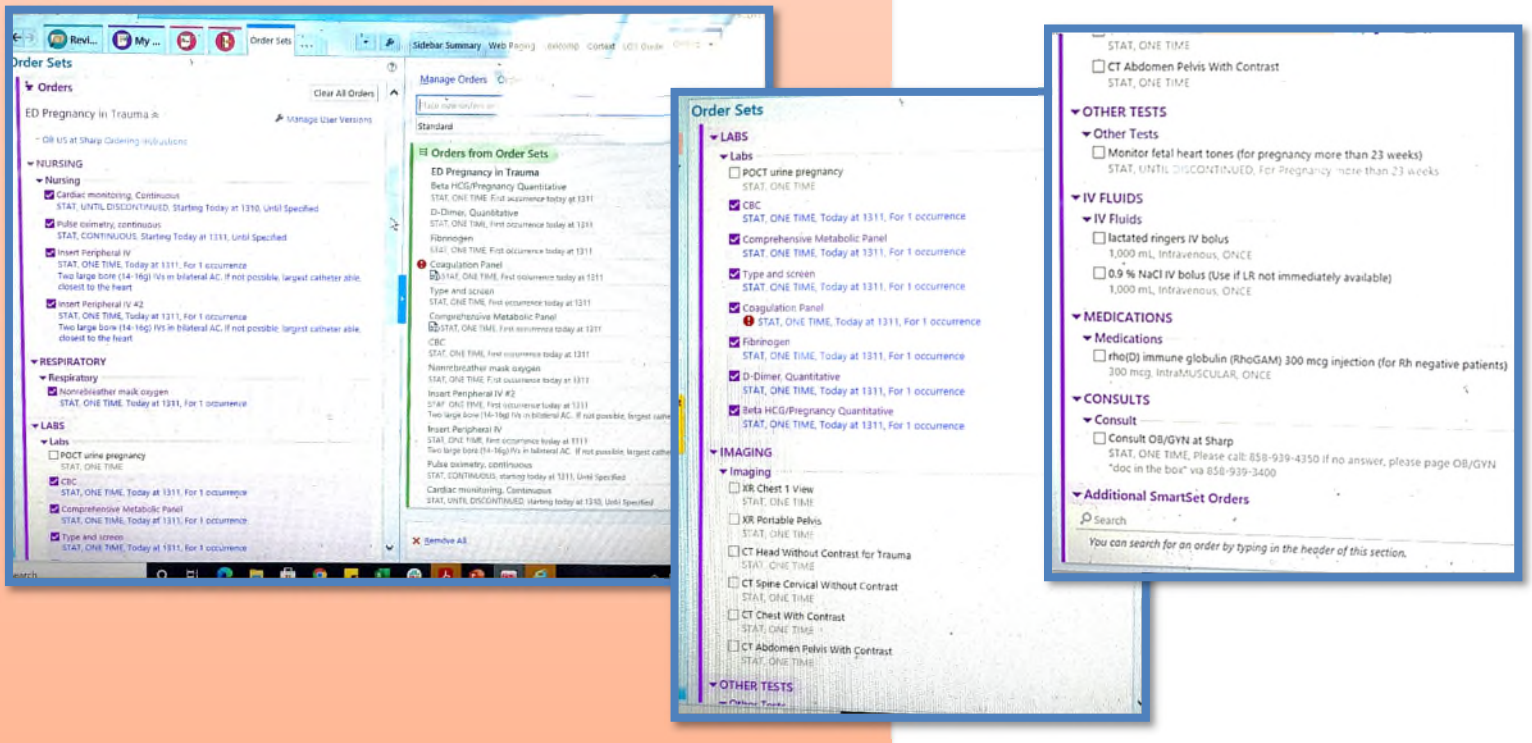
- To report a communicable disease, you may contact the Epidemiology Unit by **phone** at **(619) 692-8499**. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Unit duty officer.
- You can also download and print a Confidential Morbidity Report form and **fax** it to **(858) 715-6458**.

Education

- Upcoming Seminar on Junior Health Sciences Faculty Promotion
  - 4/22/21 at 5:30pm via zoom
  - Seminar Info

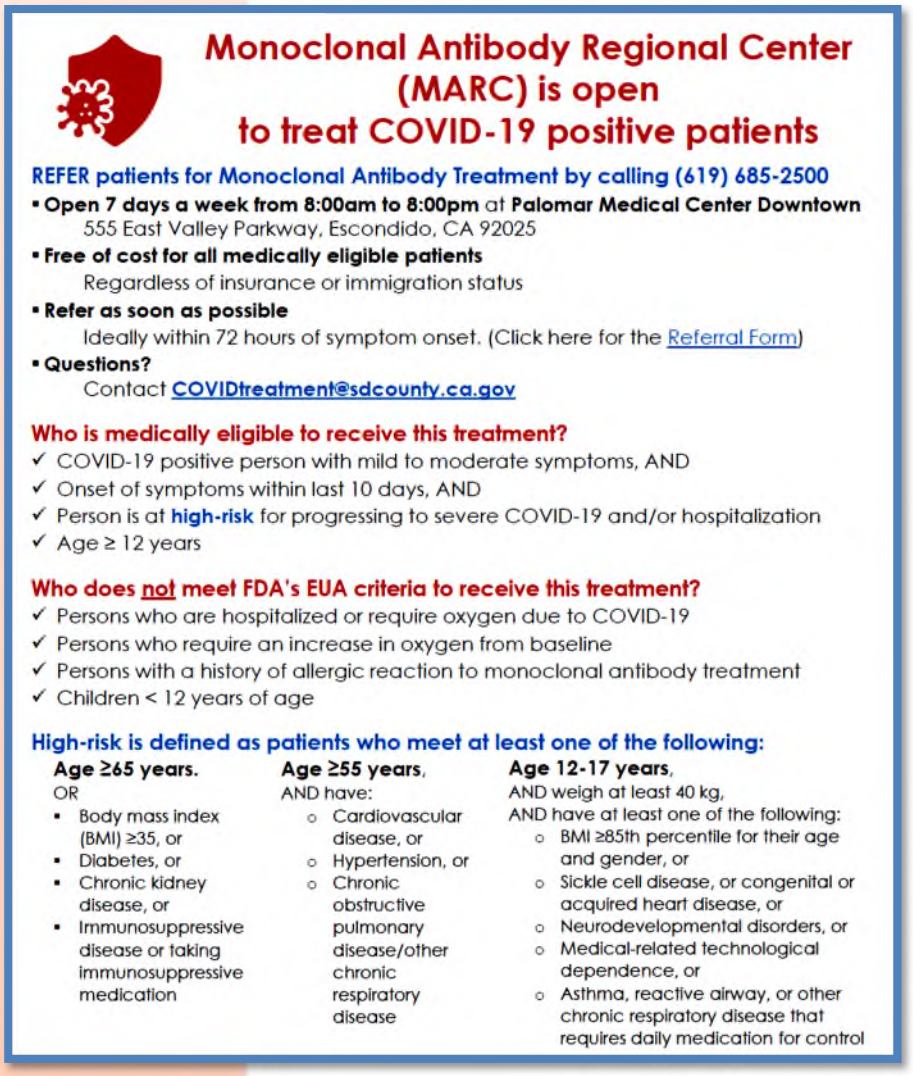
Trauma in Pregnancy – Now Live!

- Obtaining OB Ultrasound at Sharp
  - Call SMH Radiology at 858.939.3600
  - Fax face sheet and order to SMH Radiology fax# 858.939.4414
  - SMH Clerk contacts SMH US team to obtain time when Rady patient can come over for the US OB scan
  - SMH Clerk creates OPD account and orders the US OB exam
  - Rady ED nurse (if the patient is unstable) or transport (if the patient is stable) to transport patient to SMH Radiology. Make sure the patient has wrist/name band on
  - Rady ED nurse (if the patient is unstable) or transport (if the patient is stable to stay while patient is scanned
  - Rady ED nurse (if the patient is unstable) or transport (if the patient is stable) to transport patient back to RadyOrder Set
- Order Set:



Monoclonal Antibody Treatment

- Please consult ID for eligible patients identified during ED course that meet criteria
    - Option 1: Admit to SIDU after ID consult
    - Option 2: Referral to MARC (flyer uploaded to Slack)
- Patients identified after ED stay are contacted by nursing COVID line (CCB provider doesn't need to follow up)



Monoclonal Antibody Regional Center (MARC) is open to treat COVID-19 positive patients

REFER patients for Monoclonal Antibody Treatment by calling (619) 685-2500

- **Open 7 days a week from 8:00am to 8:00pm** at **Palomar Medical Center Downtown**
  555 East Valley Parkway, Escondido, CA 92025
- **Free of cost for all medically eligible patients**
  Regardless of insurance or immigration status
- **Refer as soon as possible**
  Ideally within 72 hours of symptom onset. (Click here for the Referral Form)
- **Questions?**
  Contact COVIDtreatment@sdcounty.ca.gov

Who is medically eligible to receive this treatment?

- ✓ COVID-19 positive person with mild to moderate symptoms, AND
- ✓ Onset of symptoms within last 10 days, AND
- ✓ Person is at **high-risk** for progressing to severe COVID-19 and/or hospitalization
- ✓ Age ≥ 12 years

Who does not meet FDA's EUA criteria to receive this treatment?

- ✓ Persons who are hospitalized or require oxygen due to COVID-19
- ✓ Persons who require an increase in oxygen from baseline
- ✓ Persons with a history of allergic reaction to monoclonal antibody treatment
- ✓ Children < 12 years of age

High-risk is defined as patients who meet at least one of the following:

Age ≥65 years.
OR
- Body mass index (BMI) ≥35, or
- Diabetes, or
- Chronic kidney disease, or
- Immunosuppressive disease or taking immunosuppressive medication

Age ≥55 years,
AND have:
- Cardiovascular disease, or
- Hypertension, or
- Chronic obstructive pulmonary disease/other chronic respiratory disease

Age 12-17 years,
AND weigh at least 40 kg,
AND have at least one of the following:
- BMI ≥85th percentile for their age and gender, or
- Sickle cell disease, or congenital or acquired heart disease, or
- Neurodevelopmental disorders, or
- Medical-related technological dependence, or
- Asthma, reactive airway, or other chronic respiratory disease that requires daily medication for control

Plastic Surgery Consults

- As of 3/1 no longer covered by Vecchione Brothers
- New ED care guideline under development
- Current process:
- ENT on-call during even days
- UCSD Plastics on-call during odd days

** Please include pictures in EPIC for any consult

Epic:

- 21st Century Cures Act
    - 21st Century CURES Act PowerPoint

Medical Students

- MS notes will "count" for documentation soon (likely Spring)
- Longitudinal MS Observers will be in the ED for 1 week rotations instead of episodic days during the month (no Epic access)

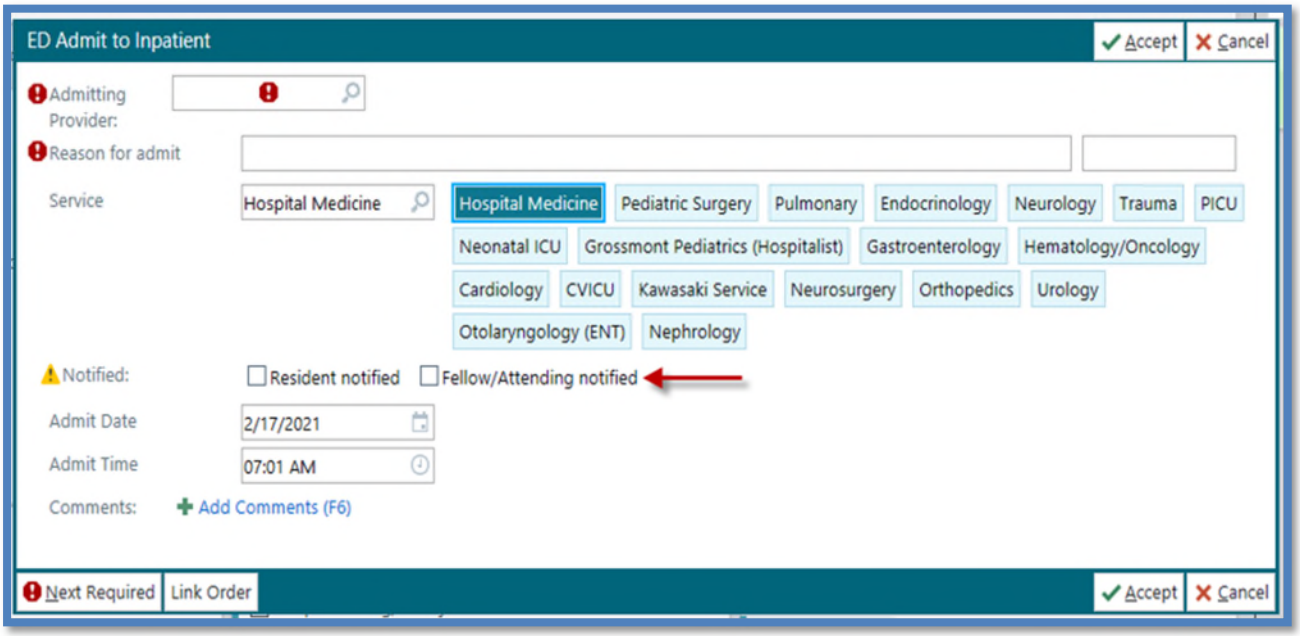
Clinical Director Update

Scott Herskovitz, MD

- *Operations*
  - In AM, please include MOOD, Charge nurse, Nursing admin on-call, Physician admin on-call in EPIC secure chat to communicate daily staffing needs and troubleshooting issues
    - Charge and Nursing admin (RN leader on call) for the day can be found on ED Manager under staff
  - When discussing physician surge needs; you can use different secure chat with applicable parties or if prefer, text.
  - As of 3/8/21 trauma age criteria returns to <15yo and EMS redirections for ALL peds patients will cease
    - This may be reinstated based on county needs

- *Scheduling:*
  - PG 2p-11p now PG Flex 4p-11p with the ability to flex down to 2p at the earliest.
    - Consider MOOD/Admin communication with PG Flex by noon for needs.
    - Please allow 1 hour to arrive when called i.e., 1p call for Flex → arrive by 2p
  - EDS 6p-11p now EDS Surge (6p-12p) can be extended later per need/discussion.
    - Las call 7:30p for 8:30 arrival
  - PM Surge eliminated for 3/8/21-3/31/21.
  - PG 7p-1p, PG flex, and EDS shifts adjusted for remainder of March based on deficits.
  - March adult call calendar posted to Intrigma.

- Behavioral Health:
  - March 8th go live for safety plan and resources in Epic – process to be discussed by Dr. Saleh
  - Kaiser insurance patients can be transferred to PSYCH ED without prior approval from EPRP
- EPIC Admission Order Update
  - When selecting admission order for Trauma, you can designate placement 3E vs CCU (this helps with bed planning)
  - Medicine services now has a "Notified" area for you to select either Resident or Fellow/Attending



Improvement Updates

Amy Bryl, MD

"Thanks to Yvette Wang and Begem Lee (hospitalist), the Division of Emergency Medicine is enrolled in a nationwide QI project through the AAP to improve antibiotic selection and duration of therapy for skin and soft tissue infections, pneumonia, and UTI.

After reviewing our initial data on SSTI, we're hoping to improve the selection of the correct duration of therapy for the treatment of diseases such as abscess, cellulitis, and impetigo. For these processes, the correct duration of therapy is 5-7 days. We'll be changing the defaults in Epic to help with proper selection. Please keep a watchful eye on your trainees and help them to choose the correct duration of therapy for SSTI, too!"

Michele McDaniel, MD

Allergy and Anaphylaxis Emergency Plan:

Amy Bryl, MD

- Now available

Pathways/OrderSets

- New requests or modifications or other QI-related Epic requests → submit form to Amy Bryl and Marc Etkin for pre-review

ABP MOC Part 4:

- The majority of our QI work qualifies for small group credit → don't forget to submit!
- Putting together a guide document, chat with me for tips in the meantime

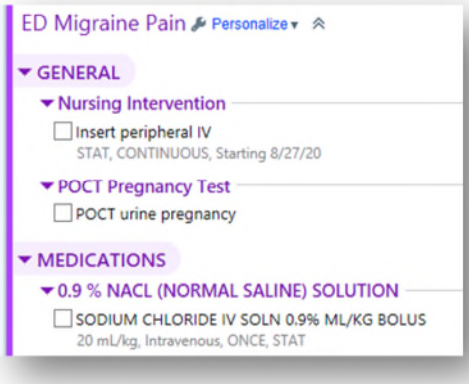
Chlamydia / Gonorrhea Testing Updates:

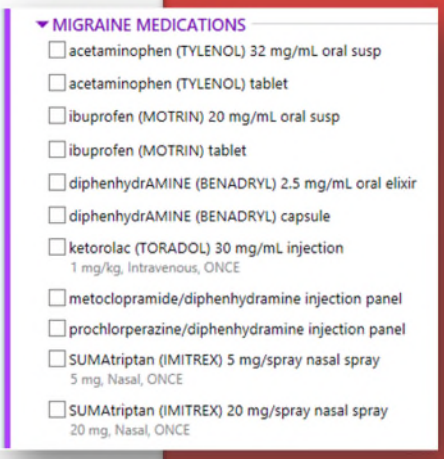
- New Test: Chlamydia/GC/TV DNA PCR (Urine or Vaginal)
  - STI order set, pelvic US panel, Quicklist Orders
  - Nursing-standing orders: STI, behavioral health, testicle pain
- Culture call back tip sheet updated on Slack
  - New treatment guidelines from CDC:
    - Empric treatment CTX 250mg IM + Azithromycin I g PO
    - Gonorrhea: CTX 500mg IM (if cannot come in for treatment, Cefixime 800mg PO)
    - Both: CTX 500mg IM + Doxycycline x7 days
  - Phone numbers for psychiatric facilities
  - Teen phone number in ED note or Demographics → Additional Information → Teen
- **Condoms** available in ED to be administered from Omni (no order needed) 12 per pack

Updated ED Migraine Guidelines:

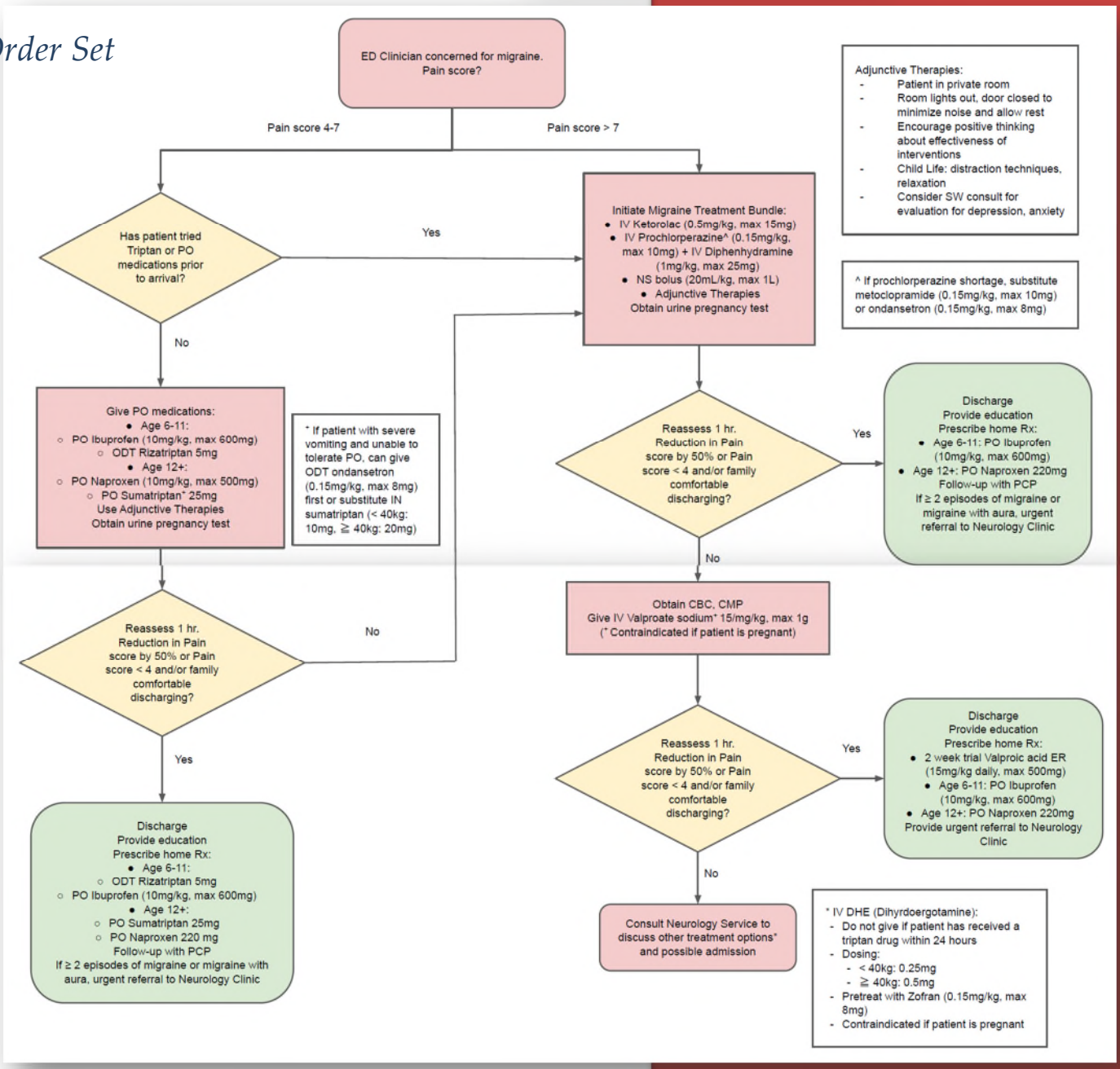
SMART Aim:

- To achieve 50% physician adherence to the new ED Migraine Guidelines/OrderSet within 6 months of initiation

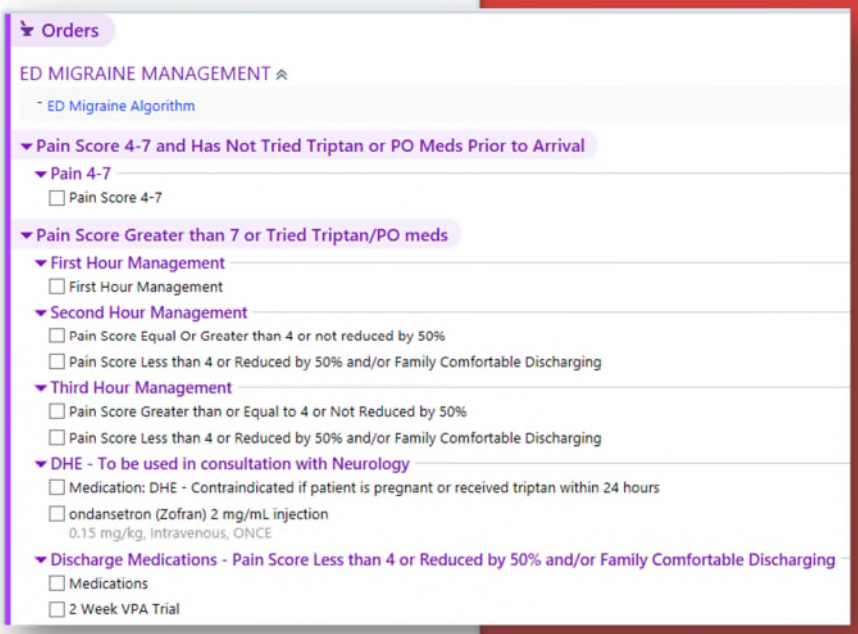




Order Set



New Epic Order Set



DKA:

- Target population: Pediatric patients with known history of diabetes diagnosed with DKA
- Baseline average times for DKA:
    - Arrival to NS bolus: 49 min
    - Arrival to VBG result: 60 min
    - VBG result to insulin order: 36 min
    - Arrival to insulin gtt admin (gluc <600): 177 min
- SMART Aim: to decrease the average time from arrival to start of insulin drip for DKA patients with glucose <600 after first bolus from 180 min to 150 min by September 2021

Upcoming Interventions:

- Updated ED DKA Algorithm and OrderSet in Epic
    - 1.5 MIVF
- RN Standing Orders (LIVE)
    - Inclusion: Patients with known history of DM1 and chief complaint of any of the following:
        - Hyperglycemia
        - Altered mental status or confusion
        - Vomiting
        - Abdominal pain
        - Headaches
        - Triage and/or Bedside RN orders/actions:
        - Insert PIV
        - VBG, BMP
        - POCT glucose, urine

Research Update

Kathy Hollenbach PhD, John Kanegaye MD, Michael Gardiner MD, & Margaret Nguyen MD

Upcoming 3F Research Lecture Topics:

Qualitative Research led by the Margaret Nguyen
Friday, April 16th, 2021 from 0830-0930

Upcoming Abstract Opportunities:

Submit your drafts to pemresearch@rchsd.org 3 weeks in advance of deadlines for the AAP NCE and ACEP Research Forum.

- AAP NCE, Philadelphia/virtual, Oct 8-12, 2021
  - Abstracts open: TBD (Mid/late May 2021 as of 3/17)
  - Deadline: Tentatively June 25, 2021
  - http://aapexperience.org/ (submission page not available)
  - Internal review deadline: **June 4, 2021 by 2359 PST to PEMResarch@RCHSD.org**
- ACEP, Boston, Oct 25-28, 2021
  - Abstracts open: NOW
  - Deadline: May 21, 2021 1600 CST at https://acep.secure-platform.com/a
  - Internal review deadline: **April 30, 2021 by 2359 PST to PEMResearch@RCHSD.org**

Research Roundup!

The research team initiated a monthly meeting (1W after Division Meetings) to review ongoing studies with a special focus on studies under revision. We will notify investigators whose studies might need active discussion, and we invite any members to submit to PEMResearch@RCHSD.org any study proposals on which they would like team input.

- Assistance with study design –

For any requests for research design and statistical assistance, especially in the early stages of study development, please use the **REDCap Intake Form** https://redcap.rchsd.org/surveys/?s=P84LEKCKWA, which will walk investigators through steps of developing a focused request based on your study question and specific aims.

Reminder: IRB conversion to Kuali IRB:

The current ("legacy") e-IRB will transition to the Kuali IRB system in July 2021. Implications for PEM faculty and fellows with IRB submission and renewals in the next few months:

- Data Use Agreements for unfunded studies (e.g., for PEM CRC studies) are now on the new system: https://blink.ucsd.edu/research/preparing-proposals/sponsors/industry/unfunded-request.html
- Submit early for renewals due before July 2021.
- Complete old business on existing studies (e.g., study closures) before the transition.
- If a new project will be ready to submit near July 2021, consider whether you want to wait until the new system goes live.
- If you can think of documents important for regulatory purposes (especially approvals and other correspondences from IRB) that you might not have saved electronically or as hard copy, this is your best opportunity to save them from the legacy e-IRB system. They will not be retrievable after transition.

Kawasaki Disease:

The KD team is interested in capturing as many ED patients undergoing MIS-C evaluation and admission as possible. Please see if a PEM enroller is available or page the KD team for phone consent for the following criteria:

- Previously healthy children AND young adults
- Requires blood draw or IV for standard ED care
- One of the following clinical syndromes:
- **Fever** ($T_m \geq 38.0$ C/100.4 F), plus 1 or more of:
    - Rash
    - Red Eyes
    - Red lips or mouth
    - Red hands or feet, or
    - Cervical adenopathy
- **OR,** need for **2nd tier lab evaluation for MIS-C**
- **OR,** infants **<6 months** with **fever ≥ 7 days** without source regardless of clinical criteria

Remaining March Research Hours:

April:

Citi Certificates:

Remember that current, uninterrupted CITI certification is necessary for all faculty, trainees and assistants who

1. Participate in any aspect of research
2. Participate in division incentive or support of research

Melissa sent out survey for all members to ensure that everyone who requires CITI certification is current and has a copy of the certificate on file.

Fellowship *Updates* *Kathryn Pade, MD and Michele McDaniel, MD*

I'm excited to announce that Michele McDaniel has accepted the position as the Associate Program Director for the fellowship and will be starting April 1st!

After training in Emergency Medicine at Indiana University, Michele went on to complete her PEM fellowship here at Rady Children's. Since graduation, she has been intimately involved in education at all levels within the division and in the school of medicine. During her time in Boston, Michele also had the opportunity to be involved in medical student, resident, and faculty education at two different institutions. Michele is absolutely thrilled to bring her varied educational background and interest in curricular design to the PEM fellowship at Rady!

Please welcome Michele and send all fellowship complaints to Michele starting April 1st.

;) Kathryn

Also, please complete your fellow shift evaluations!

Urgent Care *Updates* *Seema Mishra, MD and Greg Langley, MD*

We had a successful relocation of our **North County Urgent Care** to 2125 Citracado Pkwy in Escondido!

Residency *Updates* *Ashish Shah, MD Med*

Thanks for always being awesome at teaching our UCSD EM residents. It's been fantastic seeing them enjoying their learning in the ED, especially with a large cohort of them rotating this last couple weeks.
ACGME notified us that our residents are logging less pediatric procedures, specifically trauma resuscitations. When working with UCSD EM residents (and probably others), please remind them that ANY trauma counts as one they should log, including cases called as Trauma alpha or bravo, head injuries, falls from bikes/monkey bars, etc. In addition, any medical resuscitation includes IV fluids for tachycardia/dehydration/etc., continuous nebs, any PICU patients, and most who are admitted qualify for medical resuscitation.
Thanks for being great educators! *Kristy Schwartz, MD*

Our new ED Residency Co-Director!

We are pleased to announce that ***Dr. Yvette Wang*** will be the new ED Residency Co-Director as of April 1, 2021. Dr. Wang and Dr. Ashish Shah will jointly serve as ED Residency Co-Directors and continue developing the strong relationship between the Division of Emergency Medicine and the residency programs in pediatrics, family medicine and emergency medicine.

Ultrasound Spotlight

Kathryn Pade, MD

Ultrasound Spotlight:

7-year-old male presenting with 2 days of fever, abdominal pain and vomiting. Abdominal pain is worse in RLQ. Pt having multiple episodes of NBNB emesis, last episode 2 days ago. Pt having decreased PO and decreased UOP, only 2x in last 24hrs

ROS: No dysuria, no recent travel, no diarrhea

Her VS are T 37.5 °C (99.5 °F), BP 99/56, HR 118, RR 28, SpO2 95% on RA.

Wt: 22.7kg

His abdominal exam is significant for tenderness to palpation to right lower quadrant.

You decide to do a bedside ultrasound, and it shows: (Figure 1)

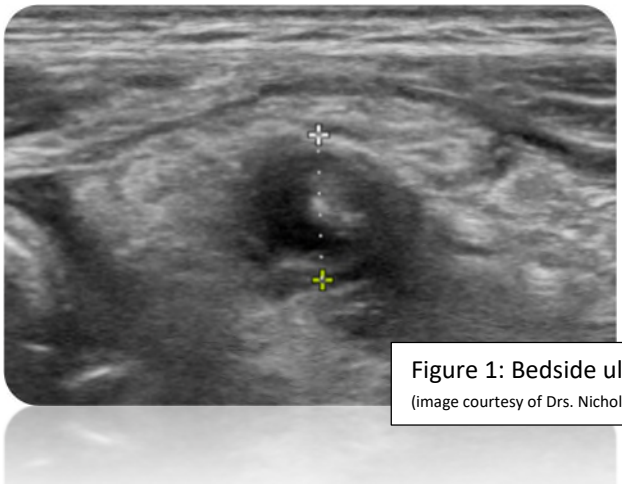


Figure 1: Bedside ultrasound of right lower quadrant
(image courtesy of Drs. Nichols and Tam)

Diagnosis: Appendicitis

Discussion:

Appendicitis is the most common pediatric surgical emergency, occurring in 7% of healthy children. Delayed or missed diagnosis in young children is common and is associated with increased rates of perforation. Ultrasound is the first line imaging modality for suspected pediatric appendicitis.

How to:

1. Lay the patient supine, place the linear (high frequency probe) at the point of maximal tenderness (PMT), if they are unable to locate a PMT, start in RUQ.
2. Identify the ascending colon in the lateral right side of the abdomen. Move down the lateral wall to make sure you are not missing a lateral or retro-cecal appendix.
3. Move to medial side of the cecum and ascending colon, this is commonly where the appendix comes off of the cecum.
4. To correctly identify the appendix, ensure you are seeing a tubular non-compressible structure
5. 5. Once you locate the appendix, trace it all the way to its blind end.

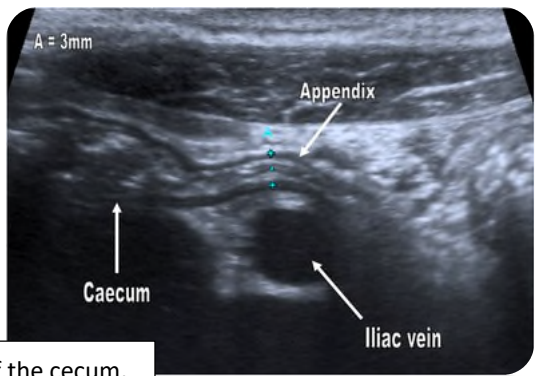


Figure 2: Appendix coming off the cecum.

Findings supportive of the diagnosis of appendicitis:

1. Non compressible appendix
2. Outer diameter >6mm.
3. Wall thickness >3mm
4. Echogenic, inflammatory periappendiceal fat
5. Appendicolith – an echogenic focus with posterior acoustic shadowing
6. Localized tenderness with graded compression
7. Secondary signs: Free fluid in RLQ, periappendiceal fluid collection, increased echogenicity of adjacent fat, large mesenteric lymph nodes

Tips and tricks

1. Scanning the patient with the right or left side down to move loops of bowel out of the way
2. Have patient empty bladder

Conclusion: The patient was scheduled with surgery for a laparoscopic appendectomy.

The Ultrasound Challenge Cup Current standings:

Well…. it has finally happened; the Gomez family lose their lead and take second place as the **Nichols** family passes them as top scanners of the month. The Sheth family impressively move up to a close 3rd position. With only 2 months left in the competition, it's getting very interesting indeed!!!

Fellow Family	January	February	Total
Nichols	35	18	89
Gomez	12	11	86
Sheth	7	28	81
Hazboun	26	12	63
Wo	13	18	52
Kline	3	3	49
Kramer	5	5	46
Tam	4	9	27

***Reminder:* What's the prize?**

- **$200 for the fellow**
- **$300 for the family group to use for dinner (solid or liquid)**

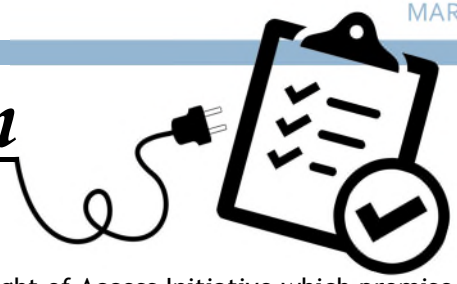
  AND
- **The name of the winning team on the Ultimate Ultrasound Challenge Champions cup (+ bragging rights)**

ULTRASOUND HOUSEKEEPING:

- **PLEASE, PLEASE, PLEASE**, **do not** leave anything on the machine including gel bottles (use the gel packs in the patients' room) or take just the number of gel packs that you think you will need), ultrasound covers, syringes etc.
- **PLEASE, PLEASE, PLEASE**, **wipe** the machine before and after use.

Let's not expose our patients and ourselves!!!

Compliance Connection



Responding to Requests for Release of Sensitive Notes:

In 2019, the federal Office of Civil Rights (OCR) announced its Right of Access Initiative which promised to enforce the rights of patients to receive copies of their medical records in a timely manner and at a reasonable cost. However, exceptions do exist and include circumstances under which the minor lawfully consents to his or her own treatment (such as for certain mental health and reproductive services in California). In addition, Section 164.502(g)(5) of the HIPAA Privacy Rule addresses situations where a "personal representative" of an individual entitled to HIPAA protections (e.g., a parent of a child patient) need not be provided access to the individual's records. Such situations exist when there is a "reasonable belief" that the individual "has been or may be subjected to domestic violence, abuse, or neglect by such person" or where treating that person as the personal representative "could endanger the individual." Before restricting such access and control, there must be a professional judgment that "it is not in the best interest of the individual to treat the person as the individual's personal representative." Furthermore, under HIPAA, a covered entity must act on a request for access no later than 30 days after receipt of the request though an additional 30-day extension can be obtained related in extenuating circumstances.

Since the Right of Access initiative was introduced, OCR has announced sixteen settlements with healthcare entities that were found in violation of the Rules. While Rady Children's Health Information Management (HIM) Team does a stellar job in responding to thousands of requests for records each year. Given our patient population, and the sensitivity of some of our patient records, fulfilling a request for records can be challenging and recent concerns have been identified involving how Rady Children's has been interpreting some of the exceptions to the right to access requirements. While provider's use of sensitive note functionality is usually appropriate, the team has recently identified occasions where sensitive notes are subjective and not justifiable. As such, Rady Children's staff and providers should use judgment when considering the release of notes marked "sensitive." In response to this and acknowledging recent OCR actions, the HIM team has recently revised its procedures and is now asking the respective treating providers to identify the specific statutory criteria when there is a concern about whether "sensitive" records should be released. They also recognize that while it may be appropriate to block certain sections of a record, it is often necessary to provide copies of other sections that are not "sensitive", or a treatment summary in lieu of providing the entire record.

At the direction of Legal and Compliance staff, the HIM Release of Information staff will be documenting, with increased specificity, the legally permissible basis for denial of medical record access, in whole or in part. This includes reference to the following statutory provisions:

- Denial of access is mandatory when the parent/guardian seeks access to the part of the record of a minor patient in which the minor has the right to consent to that type of healthcare. (CA Health & Safety Code §§ 123110; 123115.)
- Access requested is reasonably likely to endanger the life or physical safety of the patient or another person. (45 CFR 164.524)
    - Note that this requires a determination based on the individual facts of the case. For example, if in the case of alleged abuse or neglect, staff reasonably believes that a parent is responsible, or is protecting a suspected abuser, providing that parent with information concerning the child's allegations would likely not be in the individual's best interests. However, if an investigation of abuse has been closed with no finding of parental liability, or the investigation concerns a 3rd party such as a childcare facility, there may be little justification to withhold most of the records from the parent(s). If clinical staff are unsure whether the parent is a suspected abuser or does

not know the results of the investigation, then they will often confirm with the investigative agencies whether it is safe to disclose information to the requesting parent. Furthermore, it matters who is requesting the records. If the requestor is the child's court-appointed attorney, for example, "sensitive" records will often be necessary to adequately represent the child and disclosure is clearly in the child's "best interests."

- Access to the requested records would have a detrimental effect on the professional relationship with the minor patient or the minor's physical safety or psychological well-being. (CA Health & Safety Code § 123115).
- (For records requested directly by a patient): There is a substantial risk of significant adverse or detrimental consequences to a patient in seeing or receiving a copy of the requested medical records. As provided by state law, we will provide copies of mental health records to the following California licensed healthcare professionals as requested in writing by the patient: physician, psychologist, marriage and family therapist, clinical social worker, or professional clinical counselor. (CA Health & Safety Code § 123115; 45 CFR 164.524). Note: Using this basis for denial requires the provider to document the date of the request for records and the reason for refusing to provide copies of the records, including a description of the specific adverse or detrimental consequences to the patient that the provider anticipates would occur.

In lieu of denying access to the full record, certain sections of the note can be redacted. Under California law, a provider may elect to provide a Summary of Treatment in lieu of providing the full record or redacted note(s). This can often be the best option, particularly in the inpatient setting where lengthy notes are involved or in other situations where segregating sensitive notes is not feasible due to the type of services involved. In addition, forensic records such as those generated pursuant to a law enforcement investigation are afforded special protections. In such cases, HIM will collaborate with clinicians in determining the appropriate course of action.

HIM and Compliance are working to provide education and training to providers, as needed, to ensure full understanding of the statutory provisions. When responding to HIM e-mail requests to consider the release of sensitive notes, providers should communicate directly and in a timely manner with the requesting HIM team member after their adjudication of these requests on a case-by-case basis. The HIM team will then communicate the final decision regarding note and information release back to the requesting party.

Updates

Scott Herskovitz, MD & Tanya Vayngortin, MD

Well-being:

Now that COVID-19 numbers are down (finally!) and the CDC says vaccinated people can hang out, we would like to start small in-person gatherings. Please fill out this brief survey to indicate what activities you would be interested in and comfortable with! → SURVEY

CCompassion **A**Accountability **R**Respect **E**Excellence **S**Service

Tanika Parnell, NP

"During busy shifts at Rancho Springs, Tanika tirelessly helps out with all aspects of patient care. She is fulfilling her duties as a nurse practitioner but also using her years as an experienced nurse by helping out with IVs and other miscellaneous care. She is such a team player and I appreciate her so much!"