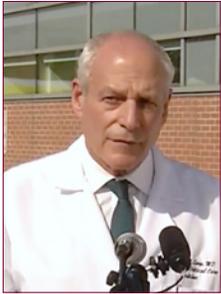


Lifespan opening triage, testing tents

On March 26th frontline physicians at Rhode Island Hospital (RIH) held a press briefing to update the media on how the hospital and the Lifespan system is addressing the COVID-19 pandemic.



Mitchell Levy, MD



Jeremiah D. Schurr, MD

“We are seeing a gradual rise in cases of COVID. We’re not seeing the exponential growth that people are seeing on the news in New York,” said **DR. JEREMIAH SCHURR**, Lifespan’s Physician-in-Chief of Emergency Medicine. He also said the hospital currently has enough personal protective equipment to keep staff safe. “We do have concerns, like other health systems

in Rhode Island, about how long that supply will last,” he said. “We are taking actions internally to conserve what we have.”

“We have surge plans to house those possibly 150 ventilated patients in both Rhode Island Hospital, the Miriam Hospital, and Newport,” said **DR. MITCHELL LEVY**, Medical Director of the Medical Intensive Care Unit at RIH. He said there are 150 ventilators in the Lifespan system, 100 at RIH. “I do think that it’s possible that we may have succeeded in flattening the curve,” he added. “But there’s really no way to say, except to watch how things evolve over time.”

The yellow tent outside the RIH Emergency Room Dept. ambulance landing will be used for triage and holding as patients with respiratory symptoms are evaluated. Another tent on the premises is currently being used for testing people with suspected cases of COVID-19. A physician at the hospital said they were doing about 50 throat swabs a day there. A tent is also in place but not yet in use for ED walk-ins.

Lifespan has also put up a screening tent at The Miriam Hospital, expected to be in use in the coming days. It is expected that Dept. of Health testing will also occur in a tent at Newport Hospital, once additional testing equipment is in place. ❖



Rhode Island Hospital’s patient triage and holding tent outside the Emergency Department.



Tent adjacent to the Ambulatory Patient Center at Rhode Island Hospital.



Inside triage tent [LIFESPAN, BILL MURPHY]



Tent outside The Miriam Hospital. [TENT PHOTOS: RIMJ]

Care New England adds three tent units at Kent; purchases testing machines

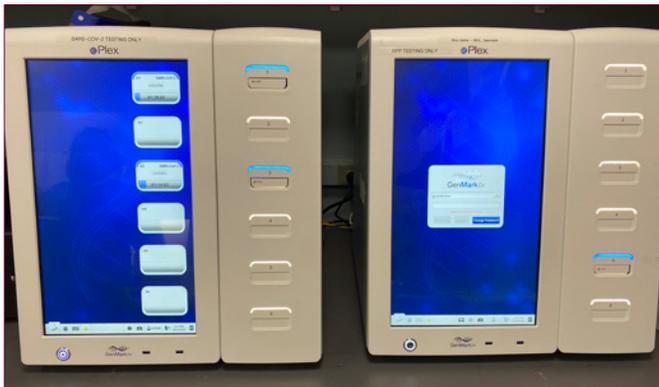
Care New England (CNE), Rhode Island's second-largest healthcare system, continues to plan and prepare for the COVID-19 Pandemic with expanded in-hospital preparations by adding ICU beds, ordering testing machines and setting up three outside units as part of its ongoing response.



C. James Sung, MD [CNE]

C. JAMES SUNG, MD, Executive Chief of Pathology and Laboratory Medicine, Care New England

Health System Professor and Vice Chair of Pathology, Alpert Medical School of Brown University, regarding the testing tents at Kent Hospital and the testing machines at both Kent and Women & Infants Hospital, said on Friday that, "Kent and Women & Infants Hospitals of Care New England (CNE) Health System has brought the GenMark ePlex COVID-19 testing machine online, as of Thursday (3/26). Test results from this machine are available within an approximate two-hour time period. As of Friday, similar to what other hospitals are facing nationally, CNE has less than three dozen test cartridges available to use in the machine. CNE plans to limit in-house testing to inpatients as the best use for the current available supply, to



GenMark ePlex COVID-19 testing machine will be in use at Women & Infants and Kent. [CNE]

help manage patient care and preserve Personal Protective Equipment (PPE). CNE's Department of Pathology & Laboratory Medicine is working hard to increase its testing capacity so it can most efficiently assess specific needs within this pandemic."

JESSICA J. MCCARTHY, VP Marketing and Communications at CNE, sent the following descriptions of each outside unit to RIMJ:



Tent outside the Emergency Department at Kent Hospital in Warwick designed to lower patient presence within the hospital and function as an emergency room adjunct. [RIMJ]

1. DOH COVID-19 Testing Tent: This was the first new unit on the Kent property created in partnership with the RI Dept. of Health (RIDOH). This has been in operation for about two weeks now, and is used for testing appointments that are directed by RIDOH. If a potential patient is screened by RIDOH via telephone and it is determined that a test is warranted, they may be sent to this tent for drive through nasopharyngeal swab test, minimizing exposure to others.

2. Kent ED Open Air Unit: The second outside unit was created beside the Kent emergency department in anticipation of volume increases of patients presenting with respiratory symptoms. This allows us to have a space to more easily keep symptomatic patients away from other emergency department patients, and away from each other. This also allows for a greater area to assess as we plan for surge capacity.

3. Respiratory Infections Triage Unit (RIT-U): The third unit is an assessment center where our providers can recommend a symptomatic patient who DOES NOT NEED to be sent to the emergency department can go to be seen if for some reason the primary care office, or telephone/video visit is not a good option. This is for appointments made through providers where the patient should be assessed with an examination in person. This is not an emergency room; it's an expansion of the doctor's office. ❖



Respiratory Infections Triage Unit (RIT-U)

CharterCARE erects triage and testing tents outside Emergency Departments



In addition to in-hospital planning and preparations for a potential COVID-19 surge, Roger Williams Medical Center (left) and Our Lady of Fatima Hospital in North Providence (right), operated by CharterCARE Health Partners, has erected triage tents adjacent to the EDs. [RIMJ PHOTOS]

Additional COVID-19 testing sites open at URI, CCRI, RIC

MARY KORR, RIMJ MANAGING EDITOR

At a press briefing held on Monday, March 30th, **GOV. GINA RAIMONDO** announced the opening of three additional mobile COVID-19 testing sites, at Rhode Island College, the University of Rhode Island and the Community College of Rhode Island in Warwick, in partnership with the Rhode Island National Guard.

The drive-through tented test sites in parking lots are for pre-screened patients with appointments and documentation from primary care providers, and will be conducted and administered by medical and National Guard security personnel, with the anticipation of a testing capacity of 1,000 people on a daily basis. “We are half way there now,” Gov. Raimondo said. “By Wednesday I hope to be there.”

After the specimen swabs are completed, patients will immediately be directed to exit the testing sites by the National Guard, with no access to any campus facilities.

The National Guard testing sites are

temporary and will support the demand for testing in the short term until the state has ample supplies of Personal Protective Equipment (PPE), specimen collection kits, and point-of-care testing.

“We want to expand testing in order to pinpoint our response more,” said **DR. NICOLE ALEXANDER-SCOTT**, director of the Rhode Island Department of Health (RIDOH). She said the state had 200 ventilators before the COVID-19 crisis, and is trying to get to 600.

As of March 30th, the state had 114 new cases, Gov. Raimondo said, bringing the state’s total to 408 cases, with 41 in the hospital, and four deaths from coronavirus.

RIDOH is studying whether the latest death, a man in his 70s, had any underlying medical conditions. He was not in a nursing home, Dr. Alexander-Scott said.

However, she noted that nursing homes are “places of concern.” The state has had 15 positive coronavirus cases in three nursing homes, she said. ❖



RIDOH recommends testing for these priority categories:

- Hospitalized patients
- Healthcare workers, including Emergency Medical Services (EMS)
- Residents of long-term care facilities
- Patients 65 and older
- Patients with underlying conditions placing them at higher risk for COVID-19 complications
- First responders (police, fire, and non-EMS) and other critical infrastructure workers

Abbott launches molecular Point-Of-Care Test to detect novel coronavirus in as little as five minutes

Abbott will be making ID NOW COVID-19 tests available next week and expects to ramp up manufacturing to deliver 50,000 tests per day

This is the company's second test to receive Emergency Use Authorization by the FDA for COVID-19 detection; combined, Abbott expects to produce about 5 million tests per month

ABBOTT PARK, ILLINOIS, MARCH 27, 2020 – Abbott announced today that the U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorization (EUA) for the fastest available molecular point-of-care test for the detection of novel coronavirus (COVID-19), delivering positive results in as little as five minutes and negative results in 13 minutes. The test will run on the company's ID NOW™ platform, providing rapid results in a wide range of healthcare settings such as physicians' offices, urgent care clinics and hospital emergency departments.



The ID NOW platform is small, lightweight (6.6 pounds) and portable (the size of a small toaster), and uses molecular technology, which is valued by clinicians and the scientific community for its high degree of accuracy. ID NOW is already the most widely available molecular point-of-care testing platform in the U.S. today.

"The COVID-19 pandemic will be fought on multiple fronts, and a portable molecular test that offers results in minutes adds to the broad range of diagnostic solutions needed to combat this virus," said Robert B. Ford, president and chief operating officer, Abbott. "With rapid testing on ID NOW, healthcare providers can perform molecular point-of-care testing outside the traditional four walls of a hospital in outbreak hotspots."

Abbott will be making ID NOW COVID-19 tests available next week to healthcare providers in urgent care settings in



Testing being performed on Abbott's ID NOW platform, a portable instrument that can be deployed where testing is needed most.

the U.S., where the majority of ID NOW instruments are in use today. The company is working with the Administration to deploy tests to areas where they can have the greatest impact.

The arrival of the Abbott ID NOW COVID-19 test comes a week after the company launched its Abbott m2000™ RealTime SARS-CoV-2 EUA test, which runs on the m2000™ RealTime System located in hospital and reference labs around the world. Between the two platforms, Abbott expects to produce about 5 million tests per month.

About the ID NOW™ Molecular Platform

As the world leader in point-of-care diagnostics, Abbott is adding its expertise and scale to help fight the COVID-19 global pandemic. First introduced in 2014, ID NOW is the leading molecular point-of-care platform for Influenza A & B, Strep A and RSV testing in the U.S.

ID NOW is a rapid, instrument-based, isothermal system for the qualitative detection of infectious diseases. Its unique isothermal nucleic acid amplification technology provides molecular results in just minutes, allowing clinicians to make evidence-based clinical decisions during a patient visit. v

The ID NOW COVID-19 EUA has not been FDA cleared or approved. It has been authorized by the FDA under an emergency use authorization for use by authorized laboratories and patient care settings. The test has been authorized only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens, and is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner. [SOURCE: ABBOTT]

Anchor Recovery Community Center continues services via telephone

As the number of COVID-19 cases in the state of Rhode Island rises, the Anchor Recovery Community Center reminds the public that critical resources remain available to anyone, including those with substance use disorders.

“During this public health crisis, we want those who are some of the most vulnerable in our community to know that help is still available, and that they can stay firmly on their path to recovery, by reaching out to us. The Providence Center’s Anchor Recovery team has worked tirelessly to develop innovative ways to address the needs of the recovery community, during this especially stressful time,” said **DEB O’BRIEN**, president and COO, The Providence Center.

During the health crisis, to ensure the safety of its team and those it serves, Anchor Recovery Community Centers are closed to the public. It has, however, developed the following solutions to continue providing peer recovery coaching services to those who need it.

The Anchor Recovery Community Center’s phone line will remain open, so recovery coaching services may be accessed by the public, by calling 401-889-5770. Peer Recovery Specialists will be available via telephone between the hours of 8:00 am and 8:00 pm. During off-hours, calls will be forwarded to a dispatch line, and a coach will return calls in a timely manner. Current members will continue to receive one-on-one support from their coaches via telephone.

Also, for the time being, group meetings will be offered through a conference call line. Anchor Recovery is currently holding group meetings Mondays through Fridays from 10 am through 1 pm; Mondays (Medication Assisted Recovery) at 11 am; Tuesdays and Thursdays (Men’s Group) at 11 am; and Wednesdays and Fridays (Women’s Group) at 11 am.

Anchor ED is also working closely with all hospitals throughout the state to develop protocols that will allow those hospitalized for a substance use related issue to engage with a recovery coach.

Safe Stations resources have not been impacted, and will continue to operate as normal, at all Providence Safe Stations locations.

The Providence Center is available 24/7 for anyone who is experiencing a crisis, needs to talk to someone, or is feeling overwhelmed or especially anxious, by reaching us on our Emergency Services line at 401-274-7111. Counseling services are also available. ❖

Planned Parenthood of Southern New England (PPSNE) launches telehealth visits

NEW HAVEN, CT – In response to the COVID-19 public health crisis, Planned Parenthood of Southern New England (PPSNE) launched telehealth visits for select services to continue its commitment to breaking down barriers, reaching people wherever they are, and increasing access to care in Connecticut and Rhode Island. Telehealth visits keep essential sexual and reproductive health care accessible and help limit the community spread of COVID-19 in this time of social distancing. Since this service launched this week, PPSNE has already conducted over 40 telehealth visits.

Services currently available through telehealth include:

- Hormonal birth control options, including the pill, patch, ring, and emergency contraception
- Injectable Depo-Provera contraception with instructions for self-injection
- Primary care for existing patients
- Behavioral health screening and treatment of anxiety and depression
- Diagnosis and treatment for urinary tract infections (UTIs) and bacterial vaginosis
- Diagnosis and treatment for sore throat and upper respiratory infections
- Gender-affirming hormone therapy
- Medication abortion follow-up visits
- Pre-exposure (PrEP) and post exposure prophylaxis (nPEP) to prevent HIV infection (may require additional lab testing)
- Prescription refills for current patients with chronic conditions

In addition to telehealth services, the Planned Parenthood Direct app (PP Direct) allows patients in Connecticut and Rhode Island to use their smartphone to access birth control and treatment for UTIs. Patients can also text “PPNOW” to PPINFO (774636) or use the chat function at ppsne.org to get answers about pregnancy, birth control, emergency contraception, abortion, and STD treatment. These digital solutions help make health care more accessible and advance the PPSNE mission to provide the information and services people need to manage their sexual and reproductive health. ❖