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
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

<table>
<thead>
<tr>
<th>NATIONAL PI STRATEGIES</th>
<th>EXAMPLES OF ACTIVITIES</th>
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<tr>
<td><strong>A. SLOW AND STOP THE SPREAD</strong></td>
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</table>
| 1. Promote and support the use of personal protective measures or PPMs (e.g., handwashing, cough etiquette, and face coverings). | 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 Social distancing (e.g., maintaining physical distance between persons in community settings and staying at home). | 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.
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
PATIENT & VOLUNTEER PROFILE
YEAR 1 | QUARTER 1 | JUNE-AUGUST 2019

57.6% 0-18 years old
33.8% 19-59 years old
8.5% 60+ years old

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
Lecsan (99)  Galicia (8)  Geronimo (7)
Aranda (7)  Geronimo Int (6)  Layad (5)
Culo (3)  Guayam Blvd (4)  Gaiacs (3)
Palino Extension (27)  Suluman (1)  Others (2)

79% of patients are from Sampaloc area, 30% of which are from Geronimo.

WE HAD A TOTAL OF 48 MEDICAL STAFF & 356 MEDICAL STAFF VOLUNTEER HOURS DURING THE PERIOD
- 52 MEDICAL STAFF
- 9 DENTAL STAFF
- 16 CLINICAL SUPPORT STAFF
- 188 HOURS - MEDICAL
- 68 HOURS - DENTAL
- 190 HOURS - CLINICAL
460 VISITS
An encounter or consultation with any health provider counts as one visit. On average, a patient visits Sagip 1.96 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 (24), 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 69 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 medicines for patients.
Diabetes and CVD Clinic

type 2 diabetes mellitus
module 2

www.sagpclinic.com
Pre-Diabetes and Diabetes Nutrition Planning
with Nutritionists Allison Jotojet and Lyn Diangan
COMMUNITY QUARANTINE

Test → Trace → Treat

ECQ → Modified ECQ → GCQ → Modified GCQ → New Normal

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 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.
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)
SAGIP FOOD PACKS

May 8-9 Distribution

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

Our volunteers pray for our patients.

May 9, 2020
74-year-old man stands up from wheelchair to dance after recovering from COVID-19

Published April 29, 2020 9:27 pm

Listen to this article now
01:37  Powered by Trinity Audio

24 Oros: 74-year-old man stands up from wheelchair to dance after recovering from COVID-19
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
Getting ready to serve our neighbors.

Making our inventory list, and checking it twice.

**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!
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

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