

8/26/20 Community Town Hall Questions

Topic: Contact Tracing

- Please explain the process of contact tracing and what is done when exposed people are found? Is there any follow up?
- How soon are exposed people contacted? We have seen letters received by patients almost two weeks after they were dismissed.
- Why was I notified today by certified letter that I was exposed while in the hospital on August 13-16. I only have two days left of my quarantining!!! Thanks for the official notice. I was told at the hospital before I was discharged thank goodness! Otherwise it would be a little late!
- My question is for Mike Rembis. I recently had an elderly family member spend a few nights at Maui Memorial Hospital. The day after he was released, we received a call from hospice that one of the nurses who tended to him had tested positive for COVID-19. We immediately contacted his Dr for more information to see if he needed to be tested & the Dr assured us that if one of his nurses had tested positive he would know. Later we received another call from the hospital informing us again that one of his nurses tested positive so we called & left a message with his doctor. He called us back & he was very apologetic, disappointed & very upset that nobody informed him that one of the nurses who he had contacted with tested positive and had to find out from us. His exact words to us was "there is kind of a "SECRETIVE CULTURE around here" Sounds to me like there is a much bigger problem going on at MMH that is being kept quiet so that infected workers can continue to work because of the high volume of patients & the hospital can continue to work because of the high volume of patients & the hospital can continue to operate. Can you shed some light on this? Mahalo.
- Why are Doctors finding out from patients when their nurses test positive?
- There are reports that doctors learned about their positive nurses from the patients themselves who were informed through third party. The patients knew about hospital exposure before the doctor was informed that their staff was positive. Additionally, "Staff still has to hear from other nurses on our unit that we were exposed." Contact tracing in the community and hospital seems to be averaging initial contact about 4 days post exposure which is inadequate. Since the DOH is overwhelmed what can the hospital do to improve internal contact tracing of its employees? Contact tracing needs to happen immediately upon return of a positive test how do you make that a reality? The community can help to make calls.
- This is the patient's ohana who has a terminal family member exposed at the hospital and learned about it by a nurse coming to their house DAYS later. Patient was unable to get testing for days after that and then was positive. The family's quote is that the hospital is "only taking care of patients that might be saved" Why did the ambulance refuse to take this patient - that the hospital is directly responsible for infecting? Is the hospital at the point of telling the community in these situations that they need to go home to die?
- How many contact tracers have been hired for Maui?

There is a total of nine contact tracers assigned to Maui Health's Contact Tracing Team (CTT). We do not know how many contact tracers the DOH has on Maui and would defer to them to

answer that question. When a positive COVID test is resulted, the CTT is activated by the Infection Control Program. This is the process for both positive patients and health care workers (HCWs). Upon notification, the CTT immediately begins a multisource verification process to identify those who have been possibly exposed. Verification processes and sources include different analytical programs that track access to patient records to identify potential exposure to patients, HCWs, and those in the same units as possible infection, as well as in-depth interviews.

When a discharged potentially exposed person is identified, they are contacted by a member of the CTT via phone. In addition, they are sent a letter explaining the possible exposure along with informative guidelines to supplement/reinforce information provided over the phone.

It is the goal of the CTT to notify persons with possible exposure within 24 hours of identification. In-patients are notified by the charge nurse or attending physician. Discharged patients who may possibly have been exposed but have since been discharged will receive a call from the Quality Department that will precede a written document. It is the goal of the CTT to complete both notifications within 24 hours of identification.

The written letter is sent to supplement the phone call you received from the CTT. The purpose of the letter is for you to have written documentation that you were identified having possible exposure to a COVID positive person. In some cases, notification may seem delayed because the tracing process extends back to before the positive person began showing symptoms consistent with COVID-19. If the positive person is found to be asymptomatic, the lookback window is even further.

Example:

John Smith was a part of a unit wide mass surveillance testing for COVID-19 that took place on the August 10. It just so happens that Mr. Smith was your roommate on your last day in the hospital, which was August 5. In the early morning of the August 11, Mr. Smith's test result returns positive. This positive result would trigger the CTT to activate and because Mr. Smith was not showing any symptoms, the CTT would begin their lookback on the 5th of the month which just so happens to be the day you were discharged home. So you will be notified within 24 hours of the test result (August 11) but you've already been home since August 5. Therefore, while the notification process may seem to be lagging, notifications do actually occur in a very timely manner.

HCWs are notified by their management upon notification by the CTT, within 24 hours of notification.

Because we strive to make patient contact within 24 hours, and most times it is within just a couple of hours of test results, our goal for discharged patients is to contact the patient first, immediately. This may mean that sometimes the patient will hear before their physician, who is not a MMMC employee and sometimes cannot be immediately reached. Additionally, physicians at MMMC do not have assigned nurses. We are unclear if the question/comment is referring to a hospice doctor and nurse.

Regarding the statement about keeping positive HCWs quiet so they can continue to work – that is absolutely not true. We are doing mass surveillance testing of all employees and providers and constantly remind employees to stay home if they are not feeling well. Additionally, we have instituted a positive leave pay benefit that allows employees to stay home if they are not feeling well and awaiting a COVID test result. So employees can still get paid while awaiting a test result. If their test result returns positive, they can get paid up to 80 hours. There is no reason for a HCW to report to work sick and we would never allow an employee to work while sick if we were aware of it.

To answer the last question, MMMC does not refuse anyone who seeks medical care here. All persons will receive care under the EMTALA act.