

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES
OCTOBER 9, 2020
MEETING MINUTES**

The MUHA Board of Trustees convened Friday, October 9, 2020, with the following members present either in person or via Webex, Dr. James Lemon; Chair; Mr. Charles Schulze, Vice Chair, Ms. Terri Barnes; Mr. Jim Battle; Mr. Bill Bingham; Dr. Melvin Brown; Dr. Fritz Butehorn; Dr. Guy Castles; Dr. Richard Christian; Dr. Paul Davis; Dr. Don Johnson; Ms. Barbara Johnson-Williams; Dr. Murrell Smith; Mr. Michael Stavrinakis; Mr. Tom Stephenson; Dr. Bart Witherspoon. MUSC administrative officials in attendance either in person or via Webex: Dr. David Cole; Dr. Patrick Cawley; Annette Drachman; Lisa Montgomery; Dr. Raymond DuBois; Dr. Lisa Saladin; Mark Sweatman.

Item 1. Call to Order.

There being a quorum present, Chairman Lemon called the meeting to order.

Item 2. Roll Call.

Mr. Mark Sweatman called the roll and announced the following, *"In compliance with the Freedom of Information Act, notice of meetings and agendas were furnished to all news media and persons requesting notification."*

Item 3. Date of Next Meeting of the MUHA/MUSC Board of Trustees.

The date of the next regular meeting of the MUHA/MUSC Board of Trustees is December 11, 2020.

Item 4. Approval of Meeting Minutes of August 14, 2020 and September 16, 2020.

Board Action: Dr. Lemon called for a motion to approve the minutes. Mr. Schulze made a motion to approve, motion was seconded, voted on and unanimously carried.

RECOMMENDATIONS AND INFORMATIONAL REPORT OF THE PRESIDENT

Item 5. General Information Report of the President.

Dr. Cassie Salgado, Dr. Danielle Scheurer and Dr. Patrick Flume gave an update to the Board on COVID-19. Due to the considerable amount of information presented, their presentations are attached and are the official minutes for this agenda item.

Board Action: Received as information.

Item 6. Other Committee Business.

None.

AUTHORITY OPERATIONS, QUALITY AND FINANCE COMMITTEE. CHAIR: DR. MURRELL SMITH, SR.

Item 7. Committee Chair Election.

A motion was made by Chairman Lemon to re-elect Dr. Murrell Smith as Chair of the Authority Operations, Quality and Finance Committee.

Board Action: The motion made by Chairman Lemon was seconded, voted on and unanimously carried to re-elect Dr. Smith as Chair of the Authority Operations, Quality and Finance Committee.

Item 8. **MUHA Status Report.**

Dr. Patrick Cawley, CEO MUSC Health, gave an update on FY20 goals final scores and FY21 goals performance year to date. He reported that the Administrative Law court awarded MUHA the Certificate of Need for the Berkeley County Hospital and the Physical Facilities Committee will begin determining next steps including potential architect selection.

Board Action: Received as information.

Item 8. **Request for Certificate of Need (CON).**

Dr. Cawley requested approval for MUHA to seek a CON for six (6) additional level III NICU bassinets to be located within the MUSC Shawn Jenkins Children's Hospital.

Board Action: Dr. Smith moved for approval, motion was seconded, voted on and unanimously carried.

Item 9.1 **Economic Impact Study.**

Dr. Cawley introduced Dr. Joe VanNessen, Research Economist with the Darla Moore School of Business at the University of South Carolina. Dr. VanNessen gave presentation to the Board of the economic impact of MUSC on the State of South Carolina.

Board Action: Received as information.

Item 10. **MUHA Financial Report.**

Ms. Lisa Goodlett, Chief Financial Officer, MUSC Health, gave an update on the financial performance as of August 31, 2021, for MUHA Consolidated and the Charleston, Lancaster and Florence markets.

Board Action: Received as information.

Item 11. **Legislative Update.**

Mr. Mark Sweatman, Chief of Governmental Affairs and Secretary to the Board of Trustees, gave a brief update on legislative activities.

Board Action: Received as information.

Item 12. **MUSC Physicians Update.**

Dr. Gene Hong, Chief Physician Executive, MUSC Physicians, updated the board on the Nexton Medical Office Building; the Chuck Dawley Medical Park and the Whitfield tract sale.

Board Action: Received as information.

Item 12.1 **Other Committee Business.**

None.

MUHA AND MUSC PHYSICAL FACILITIES COMMITTEE. CHAIR: MR. BILL BINGHAM

Item 13. **Committee Chair Election.**

A motion was made by Chairman Lemon to re-elect Mr. Bill Bingham as Chair of the MUHA and MUSC Physical Facilities Committees.

Board Action: The motion made by Chairman Lemon was seconded, voted on and unanimously carried to re-elect Mr. Bingham as Chair of the MUHA and MUSC Physical Facilities Committees.

Item 13.1 **MUHA Facilities Procurements/Contracts for Approval.**

Mr. Greg Weigle, Chief Facilities Officer, requested approval of the following MUHA facilities procurements/contracts.

- Lease of 7,000 SF of clinical space located at 108 Healthcare Drive in Lancaster for MUHA Health Gastroenterology and Hepatology. Monthly rental rate is \$10,791.67, resulting in an annual lease amount of \$129,500.

Board Action: Mr. Bingham moved for approval; motion was seconded, voted on and unanimously carried.

Item 14. **MUSC Facilities Procurements/Contracts for Approval.**

Mr. Greg Weigle, Chief Facilities Officer, requested approval of the following:

- Lease renewal of 99 parking spaces located at 96/102 President Street to continue to provide parking to meet the needs of the MUSC campus. Monthly rental rate of \$13,256, resulting in an annual lease amount of \$159,072.
- Property acquisition of 159 Rutledge Avenue for no more than the appraised value of \$3.9 million for additional classroom and office space for the College of Health Professions. Property consists of two commercial buildings of 7,479 gross square feet and 1,316 gross square feet. This property acquisition is subject to the satisfaction of all due diligence including validation of property improvements as well as the approval of South Carolina Capital Budget Office, South Carolina Department of Administration, South Carolina Joint Bond Review Committee and South Carolina State Fiscal Accountability Authority.

Board Action: Mr. Bingham moved for approval; motion was seconded, voted on and unanimously carried.

Item 15. **Charleston Peninsula Water Mitigation Planning.**

Ms. Lisa Montgomery, EVP for Finance & Operations introduced Mr. Ray Huff, Director of the Clemson Design and Architectural Center in Charleston. Ms. Montgomery announced that the presentation today is Part 1 of 2 and another presentation will be given at the December meeting of the Board of Trustees. Mr. Huff's presentation focused on work already accomplished related to long-term flood mitigation on the Charleston Peninsula; work in progress including the formation of the steering committee; the Charleston Medical Districts

involvements the Dutch Dialogues Charettes and the Doughty Street Greenway development; and next steps including executing charrette action items; determining the financial impact of climate events; adoption of common resilience guidelines; continued work with the city and to engage the public.

Board Action: Received as information.

Item 15.1. Other Committee Business.

Ms. Bingham announced that Mr. Greg Weigle is retiring and thanked Greg for his years of service to MUSC and for his assistance to the Facilities Committee over the years.

Board Action: Received as information.

AUDIT COMMITTEE. CHAIR: THOMAS L. STEPHENSON, ESQ.

Item 16. Committee Chair Election.

A motion was made by Chairman Lemon to re-elect Mr. Tom Stephenson as Chair of the MUHA and MUSC Audit Committees.

Board Action: The motion made by Chairman Lemon was seconded, voted on and unanimously carried to re-elect Mr. Stephenson as Chair of the MUHA and MUSC Audit Committees.

Item 16.1 Enterprise Compliance Report.

Ms. Kellie Mendoza, Director, MUSC Physicians Compliance, gave the annual Enterprise HIPAA Update for MUHA, MUSC, MUSC-P and RHN. Ms. Mendoza reported on initiatives across the enterprise and initiatives under each of the four entities. Ms. Mendoza also shared data from each of the entities showing the breakdown of reported allegations/questions.

Item 17. Report of the Office of Internal Audit.

Mr. Stephenson reported that Susan Barnhart, Director of Internal Audit, shared results of recent audits conducted by her office and she would be glad to answer any questions.

Board Action: Received as information.

Item 18. Other Committee Business.

None.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 19. Appointment of Bylaws Ad Hoc Committee.

Dr. Lemon announced that he has appointed an Ad Hoc committee consisting of Terri Barnes, Charles Schulze, and Tom Stephenson who are charged with working with MUSC staff to review the Bylaws. Proposed changes will be brought before the full board for review and final approval no later than our February 2021 meeting.

Board Action: Received as information.

Item 20. **Approval of Consent Agenda.**

Approval of the Consent Agenda was requested.

Board Action: Chairman Lemon moved for approval; motion was seconded, voted on and unanimously carried.

Item 21. **Executive Session.**

Mr. Battle moved that the Board go into closed session to discuss the following items pursuant to Section 30-4-70(a) of the South Carolina Code:

- SC Code Ann. §30-4-70(a)(2): receipt of legal advice related to a pending, threatened or potential claim covered by the attorney-client privilege; and,
- SC Code Ann. §30-4-70(a)(5) discussion of negotiations pursuant to a contractual arrangement, proposed sale or purchase of property, and expansion of clinical services. Receipt of legal advice related to a pending, threatened or potential claim covered by the attorney-client privilege.

Board Action: The motion made by Mr. Battle was seconded, voted on and unanimously carried. Chairman Lemon stated that the board would move into closed session immediately following the end of the MUSC Committee presentations.

Item 22. **New Business for the Board of Trustees.**

None.

Item 23. **Report from the Chairman.**

None.

Item 24. **Appointments, Reappointments and Delineation of Privileges (Consent Item).**

An updated list of appointments, reappointments and delineation of privileges to the medical staff was presented for approval.

Board Action: Dr. Smith moved for approval; motion was seconded, voted on and unanimously carried.

Item 25. **Quality and Performance Improvement Plan (QAPI) (Consent Item).**

The 2020-2021 QAPI Plan for MUSC Health Charleston was presented for approval.

Board Action: Dr. Smith moved for approval; motion was seconded, voted on and unanimously carried.

Item 26. **Medical Center Contracts and Agreements (Consent Item).**

Contracts and Agreements signed since the August Board meeting were presented for information.

Board Action: Received as information.

Item 27. **MUHA and MUSC Active Projects >\$250,000 (Consent item).**

MUHA and MUSC active projects exceeding \$250,000 were presented for information.

Board Action: Received as information.

Item 28. **MUSC Facilities Contracts Awarded (Consent item).**

MUSC Facilities contracts awarded were presented for information.

Board Action: Received as information.

There being no further business, the Hospital Authority Board of Trustees meeting adjourned and the University Board of Trustees meeting convened.

Respectfully submitted,

Mark C. Sweatman, Secretary

COVID-19: Update to MUSC Board of Trustees

Cassy Salgado, MD, MS

Danielle Scheurer, MD, MSCR



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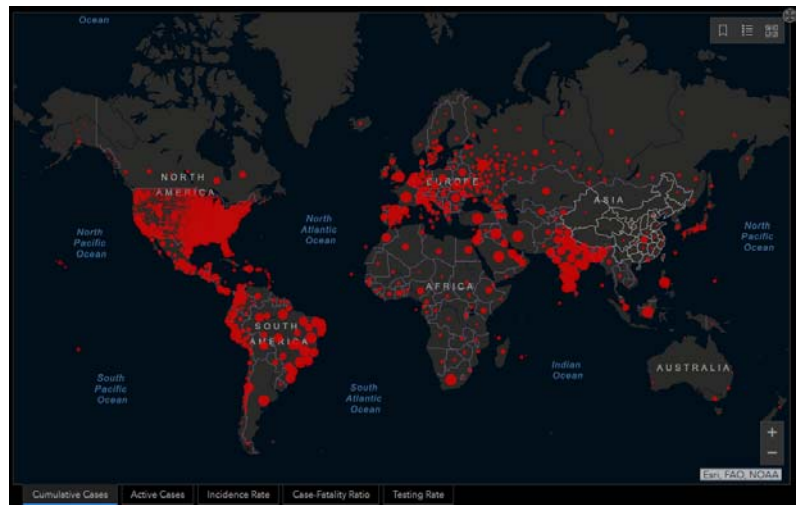
Global Situation October 2020

Global Cases

35,547,863

Global Deaths

1,045,201



Johns Hopkins COVID-19 Tracking Map



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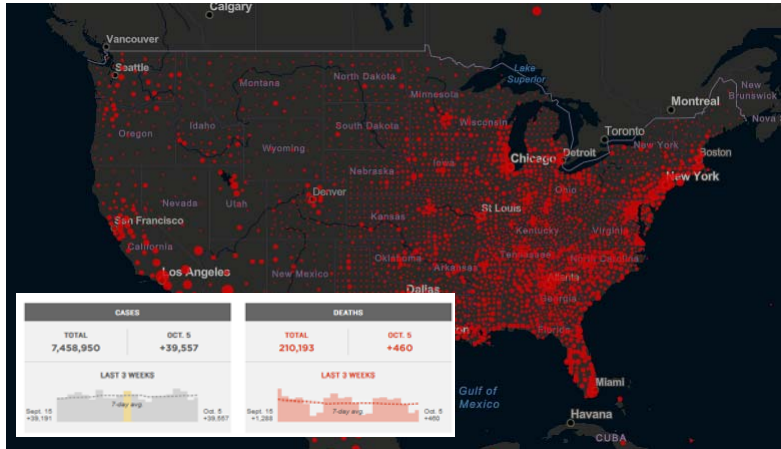
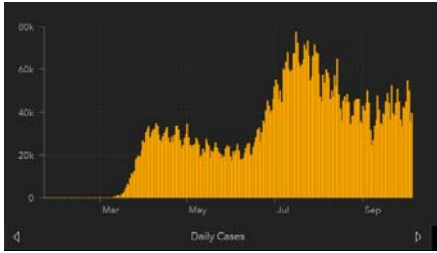
Situation in United States October 2020

U.S. Cases

7,461,206

U.S. Deaths

210,237



From March to October:
 Compared to the world, the US has had a 20 fold higher growth rate
 Compared to the world, the US has had a 24 fold higher death rate

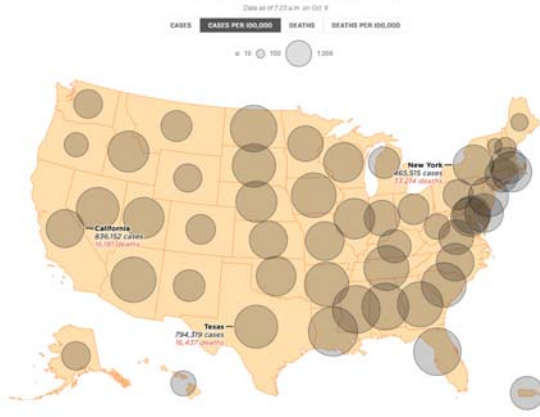
Johns Hopkins COVID-19 Tracking Map



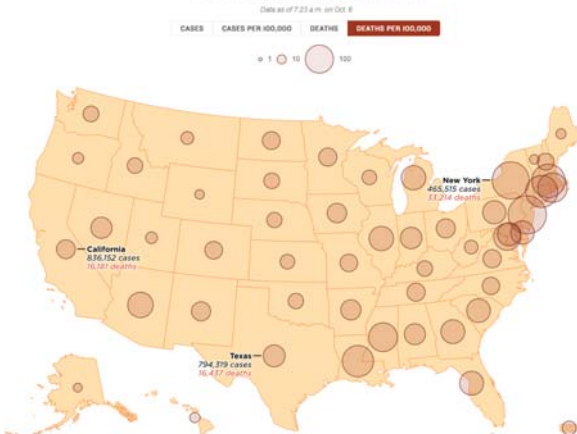
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Situation in United States October 2020

Total Cases And Deaths, State By State

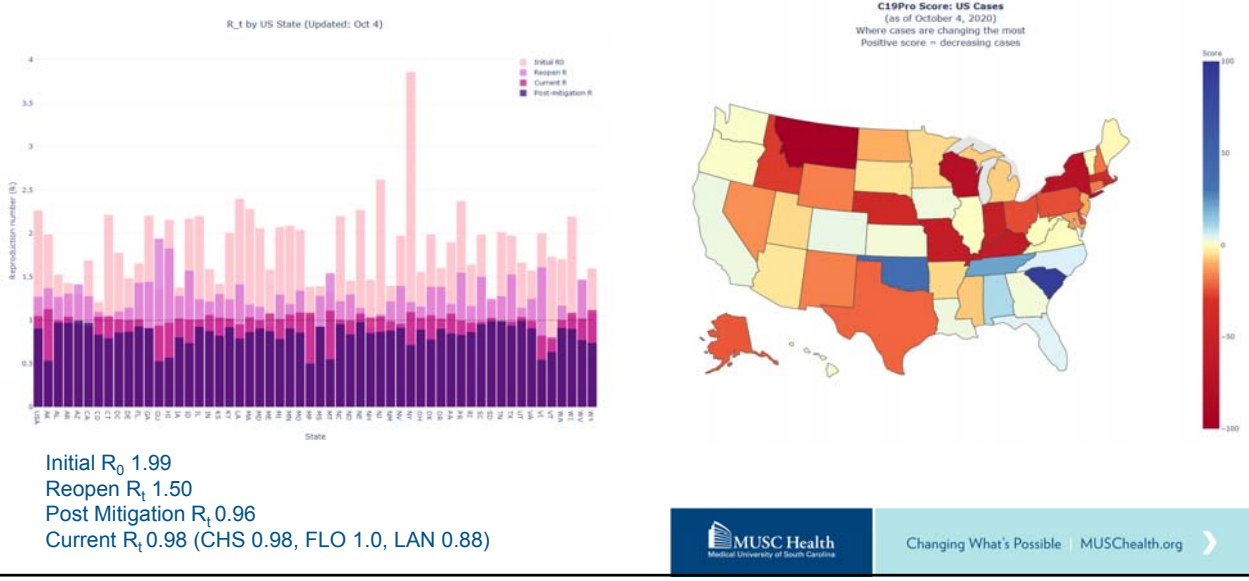


Total Cases And Deaths, State By State

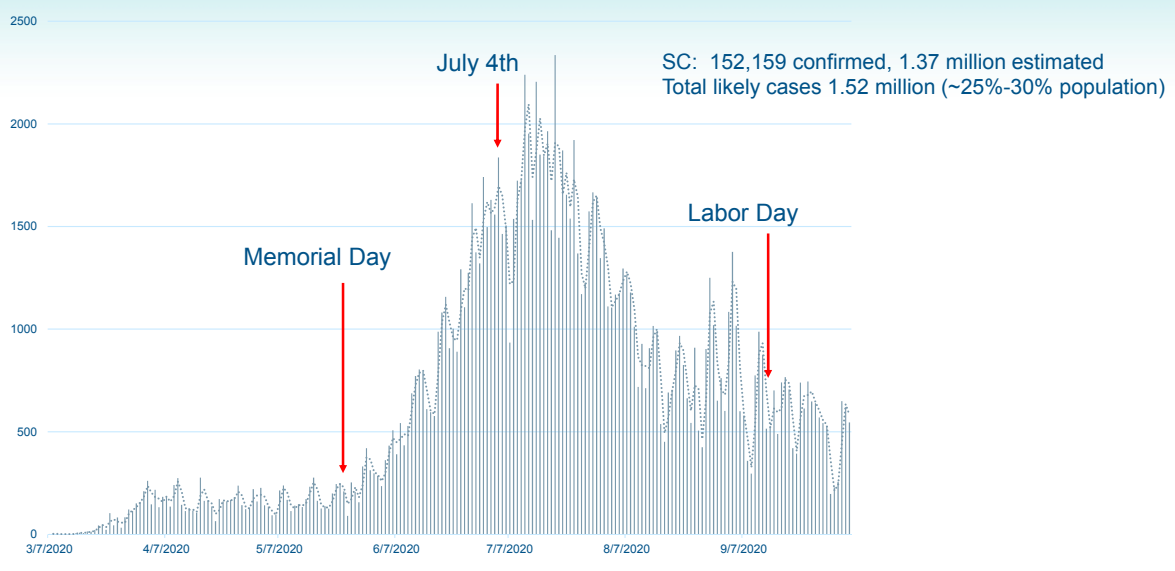


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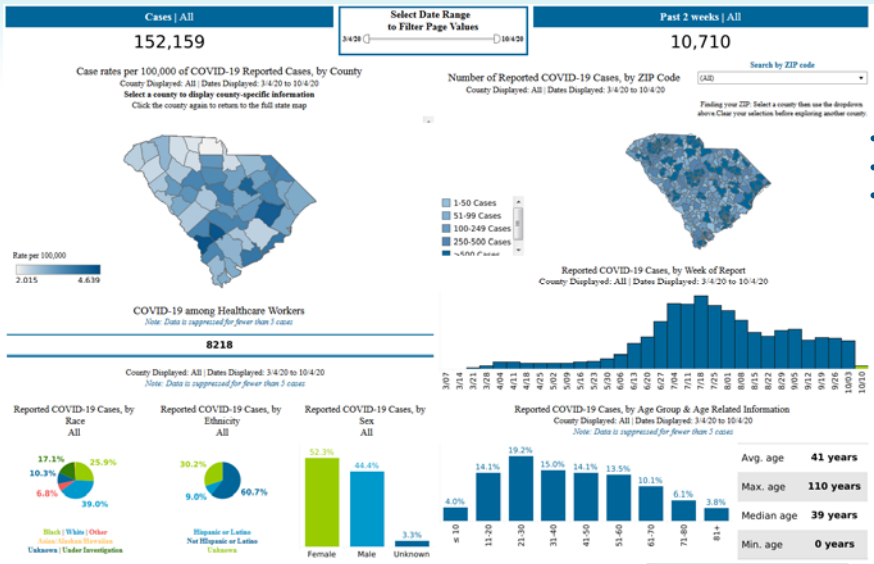
Confirmed COVID-19 Cases South Carolina



Confirmed COVID-19 Cases South Carolina



South Carolina COVID-19 Cases



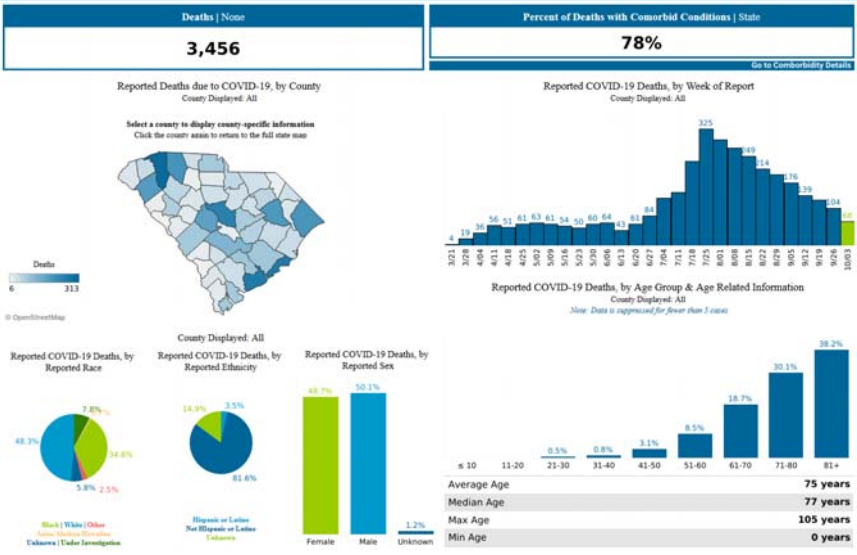
- Varies by county
- Mean age 41 years
- Overrepresentation of cases are among Blacks
 - 25.9% Black (compared to 30% of state population)
 - 39.0% White (compared to 69% of state population)

SC DHEC COVID-19 Resources



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South Carolina COVID-19 Deaths



- 2.3% death rate
- Varies by county
- Mean age 75 years
- Deaths by Race
 - 34.8% Black (compared to 25.9% of COVID-19 cases)
 - 48.3% White (compared to 39.0% of COVID-19 cases)

SC DHEC COVID-19 Resources



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Pre-Existing Conditions: COVID-19 Cases and Deaths in SC

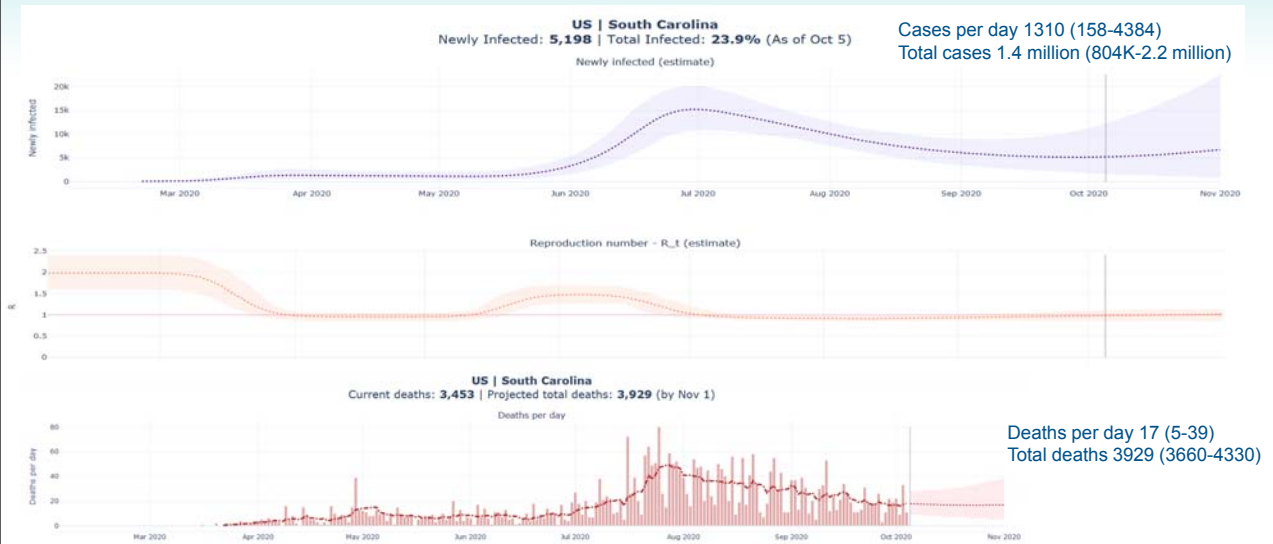
Pre-Existing Condition	% of Cases (n=140,322)	% of Deaths (n=3,173)
Cardiovascular Disease	33.6	60.1
COPD, Bronchitis, Emphysema	9.4	22.6
Asthma	16.1	7.6
Congestive Heart Failure	2.5	12.8
Neurologic Condition	7.8	31.2
Cerebral Accident/Stroke	2.8	12.5
Immunosuppression	5.9	9.1
ESRD on HD	3.1	13.0
Diabetes	28.4	34.8
Chronic Liver Disease	1.5	3.0
Current Smoker	6.8	1.3
Former Smoker	14.8	10.3

SC DHEC COVID-19 Resources



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COVID-19 Projections South Carolina

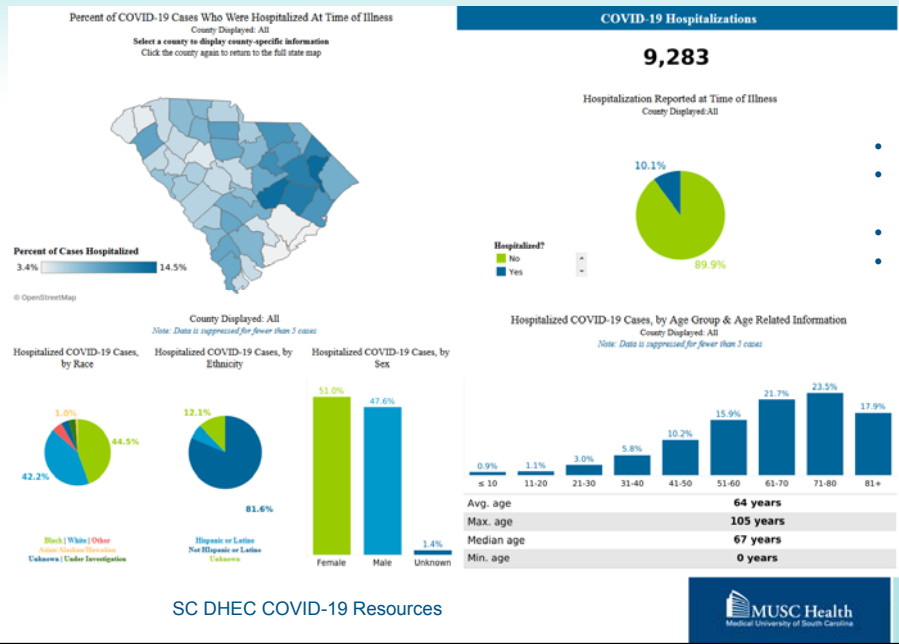


Institute for Health Metrics and Evaluation



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South Carolina COVID-19 Hospitalizations



- 10.1% hospitalization rate
- Varies by county from 3.4% to 14.5% (Clarendon highest)
- Mean age 64 years
- Disproportionate number of admissions are Black
 - 44.5% Black (compared to 25.9% of COVID-19 cases)
 - 42.2% White (compared to 39.0% of COVID-19 cases)

South Carolina COVID-19 Hospitalizations

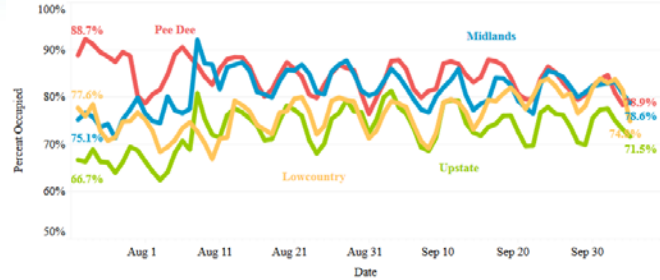
Hospital Bed Occupancy

83 Hospitals Reporting <small>75 hospitals within 24 hours</small>	11,646 Total Hospital Beds	All Hospital Beds <small>Updated 10/1/2020</small>		
	9,471 Inpatient Beds	1,348 ICU Beds	1,552 Ventilators	
<small>Since July 25, the federal government has required hospitals participating in report data directly to the U.S. Department of Health and Human Services through new reporting systems, which replace the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network system that had been used initially by hospitals for reporting COVID-19 data.</small>	7,189 Occupied Inpatient Beds <small>75.9% utilization rate</small>	968 Occupied ICU Beds <small>71.9% utilization rate</small>	402 Ventilators in Use <small>25.9% utilization rate</small>	
	593 COVID-19 Pts. Hospitalized <small>8.2% of inpatients are COVID</small>	150 COVID-19 Patients in ICU <small>25.3% of COVIDs are in ICU</small>	72 COVID-19 Patients Ventilated <small>17.9% of COVIDs are ventilated</small>	

Date	9/25/2020	9/26/2020	9/27/2020	9/28/2020	9/29/2020	9/30/2020	10/1/2020
Total Hospital Beds	12,394	12,374	12,369	12,357	12,347	12,376	12,362
Inpatient Beds	10,097	10,033	10,007	9,996	10,023	10,041	10,016
Occupied Inpatient Beds	8,271	8,100	7,934	7,655	7,743	8,056	8,168
Percent Occupied	81.92%	80.73%	79.28%	76.58%	77.25%	80.23%	81.55%
ICU Beds	1,451	1,451	1,458	1,459	1,440	1,440	1,451
Occupied ICU Beds	1,085	1,076	1,077	1,037	1,049	1,083	1,094
Percent Occupied	74.78%	74.16%	73.87%	71.08%	72.85%	75.21%	75.40%
Ventilators	1,609	1,571	1,571	1,616	1,571	1,614	1,568
Ventilators in Use	518	512	499	510	452	464	431
Percent in Use	32.18%	32.59%	31.76%	31.56%	28.77%	28.99%	27.49%
COVID Patients	773	727	734	753	690	720	709
Percent of Inpatients	9.35%	8.96%	9.25%	9.84%	8.93%	9.05%	8.66%
COVID in ICU	191	186	179	172	176	184	172
Percent of COVID	24.71%	25.58%	24.39%	22.84%	25.51%	25.24%	24.26%
COVID Ventilated	101	99	108	108	88	95	91
Percent of COVID	13.07%	13.62%	14.71%	14.34%	12.75%	13.03%	12.83%

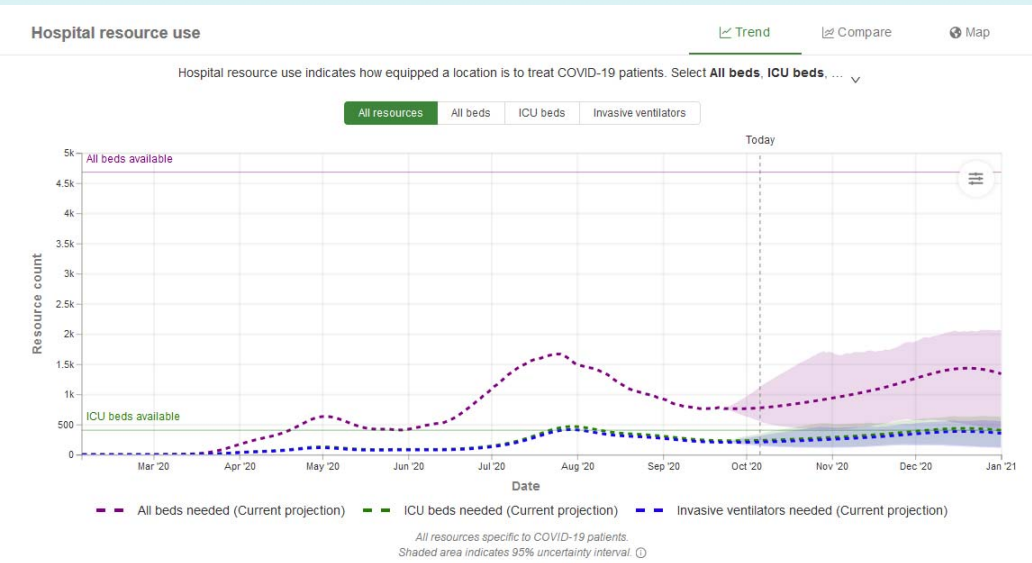
Acute Hospital Bed Occupancy, by Region

Percentages are based on hospitals' most up-to-date numbers



SC DHEC COVID-19 Resources

COVID-19 Projections South Carolina

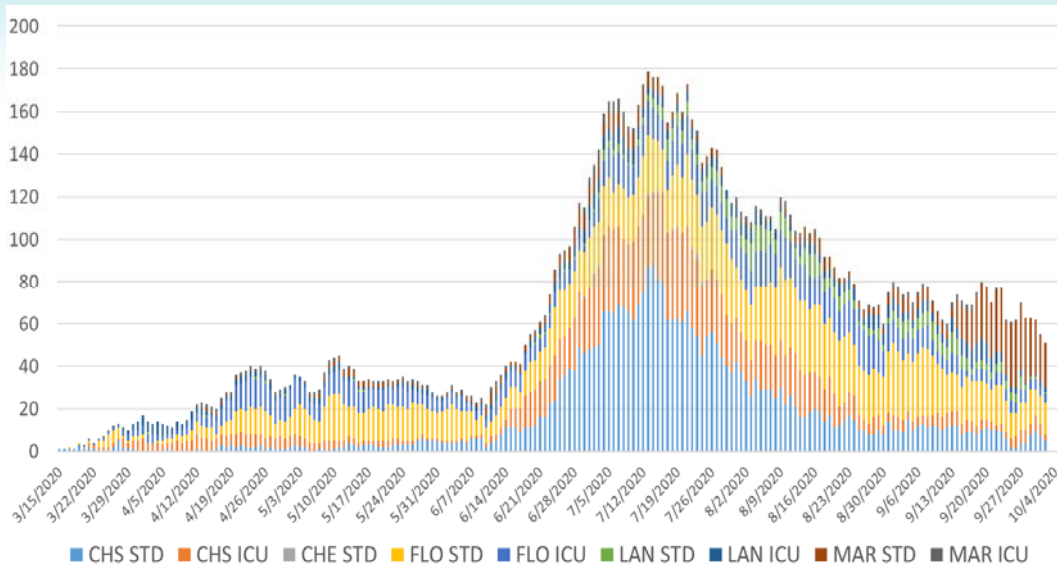


Institute for Health Metrics and Evaluation



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MUSC Health COVID-19 Admissions



Graph Courtesy of Dr. Michael Sweat



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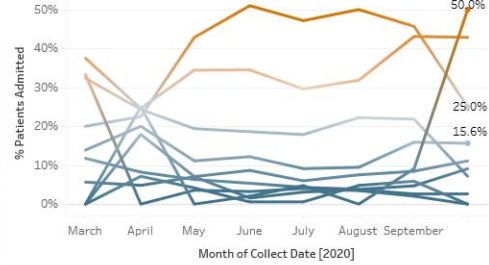
MUSC Health COVID-19 Admissions

COVID-19 Positive Patients
Data as of October 5, 2020

Volume of Inpatient Admissions After Positive Test for COVID-19 Patients
More Admissions | Fewer Admissions

	Distinct Patients	Count of Patients w/ at least 1 Admission	% Patients Admitted
<2	156	7	4.5%
2-12	743	14	1.9%
13-17	624	23	3.7%
18-30	4,933	143	2.9%
31-40	3,040	145	4.8%
41-50	2,574	188	7.3%
51-60	2,303	253	11.0%
61-70	1,688	337	20.0%
71-80	885	292	33.0%
>80	427	191	44.7%
Grand Total	17,373	1,593	9.2%

Likelihood of Admission After Positive Test by Age Range by Month
Higher Likelihood | Lower Likelihood



- March-October 1,593 admissions
- Admission rate 9.2%
- Risk for admission increases as age increases
- Highest proportion of admissions is >80 year age group

<https://tableau.musc.edu/#/views/COVID-19/COVID-19Summary?iid=1>



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MUSC Health COVID-19 Admissions

- Ventilator capacity very high
 - HS has ability for inter-facility loan

Inpatient Trending Data
Data as of October 5, 2020

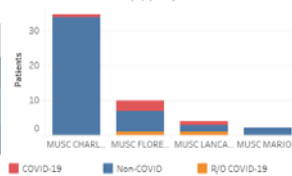
Ventilator Inventory by Location

MUSC CHARLESTON	MUSC CHESTER	MUSC FLORENCE	MUSC LANCASTER	MUSC MARION
137	4	24	11	5

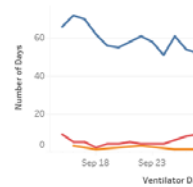
% of Ventilator Usage by Location (10/1/2020)

Location	Patients	Invasive Vents	%
MUSC CHARLESTON	35	137	25.55%
MUSC FLORENCE	10	24	41.67%
MUSC LANCASTER	4	11	36.36%
MUSC MARION	2	5	40.00%

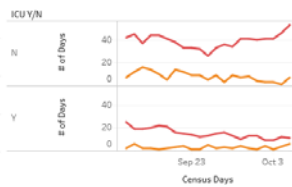
Patients on Ventilators by Location and COVID-19 Status (10/1/2020)



Ventilator Days



COVID-19 Care Days



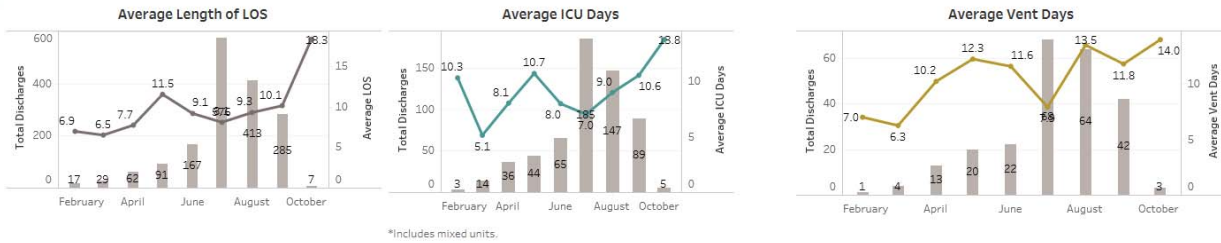
<https://tableau.musc.edu/#/views/COVID-19/COVID-19Summary?iid=1>



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MUSC Health COVID-19 Admissions

COVID-19 Discharge Averages



*Includes mixed units.

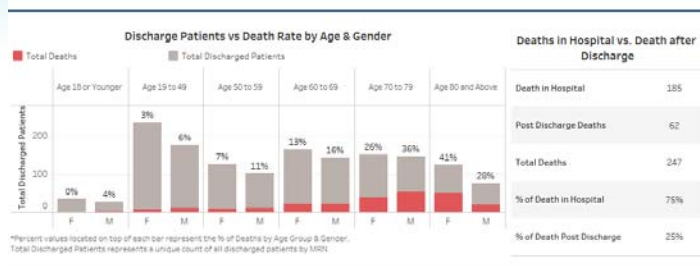
	Mean LOS	Mean ICU Stay	Mean Vent Days
MUSC CHS	9.6	9.0	11.4
MUSC FLO	10.1	10.8	12
MUSC LAN	8.8	8.4	5.4
MUSC MAR	6.4	5.0	3.5
MUSC CHE	5	NA	NA

<https://tableau.musc.edu/#/views/COVID-19/COVID-19Summary?iid=1>



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MUSC Health COVID-19 Deaths Among Admissions



*Percent values located on top of each bar represent the % of Deaths by Age Group & Gender. Total Discharged Patients represents a unique count of all discharged patients by MDC.

Likelihood of Death for Patient with Vent Usage				Likelihood of Death for Patient with No Vent Usage			
Higher Likelihood Lower Likelihood				Higher Likelihood Lower Likelihood			
Age Range	Total Discharged Patients	Patient Death Count	% Deaths	Age Range	Total Discharged Patients	Patient Death Count	% Deaths
Age 18 or Younger	4	1	25.0%	Age 18 or Younger	60	0	0.0%
Age 19 to 49	56	14	25.0%	Age 19 to 49	351	5	1.4%
Age 50 to 59	31	13	41.9%	Age 50 to 59	201	9	4.5%
Age 60 to 69	55	32	58.2%	Age 60 to 69	256	14	5.5%
Age 70 to 79	57	47	82.0%	Age 70 to 79	247	52	21.1%
Age 80 and Above	23	19	83.0%	Age 80 and Above	177	54	30.6%

*Total Discharged Patients represents a unique count of all discharged patients by MDC.

- Death rate among admissions is 15.0%
- Highest mortality rate is >70 years age group
- 10.3% of patients not on ventilator died
- 55.8% of patients placed on ventilator died
 - OR 10.98 [95%CI 7.99-15.09], p<0.0001

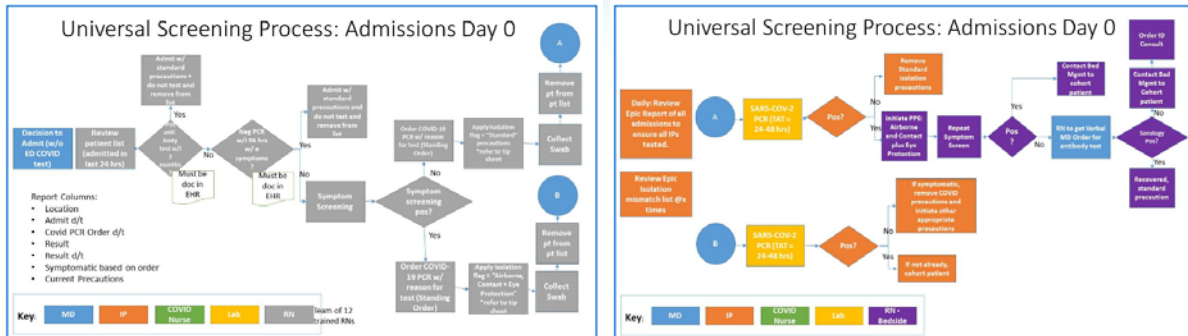
COVID-19 Details	
Total Discharges	1,647
Total Discharged Patients	1,503
Total Deaths	247
Prior Admission (30 Days)	431
% Patients w/ Prior Admission (30 Days)	26%

<https://tableau.musc.edu/#/views/COVID-19/COVID-19Summary?iid=1>



Changing What's Possible | MUSChealth.org

MUSC Health Universal Admission Screening



- As of October 5, 2020
 - Overall positive rate among 2,963 tests 5.2%
 - Among patients being tested by provider to rule out disease
 - Symptoms 15.8%+, no symptoms 5.4%+, unable to assess 7.0%+
 - Among patients being tested by RN team as part of screening program
 - Symptoms 2.9%+, no symptoms 2.1%+, unable to assess 1.7%+

<https://tableau.musc.edu/#/views/COVID-19/COVID-19Summary?iid=1>



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MUSC Health PPE

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator **Acceptable Alternative PPE – Use Facemask**



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

MUSC Health Supply, Lab and Rx Update - This message serves as a daily update of our current status in this pandemic. October 02, 2020

Collecting
We are gathering items that can be recycled to supplement strategic reserves.

Strategic Reserve Items
We have created strategic reserves of key items to ensure availability and monitor daily.

Watch List
Items of specific concern by location which are monitored daily.

Reduce Usage (Pivot's in Patient Care)
See leader or Supply Chain Intranet for details.

Recycle
Items that are collected, cleaned for re-use and actively re-issued.

Collecting from Units

Please place in the bins in the units

Hand Sanitizer containers

Goggles

Protective eye wear

N95s

- N95
- KN95
- Isolation Masks
- Surgical Masks
- Procedure Masks
- Face Shields
- Goggles
- Eyewear
- Exam Gloves – S/M
- Exam Gloves – L/XL
- Sterile Gloves XL, S, M
- Gloves – Extend Cuff
- Isolation Gowns 1 & 2
- Isolation Gowns 3 & 4
- Shoe Covers XL
- Gowns - Chemo
- Headcover - Bouffant
- Hand Sanitizer
- Spray bottles - Chlorx

- Dexamethazone
- Dexamedexamidine
- SQ Heparin
- Sterile Alcohol Wipes
- Hepa Filters
- Lab Kits – COVID
- Tecan Pipette Tips
- Pour Off Tubes - Covid
- Fluapd PCR Test
- On Hand: 368
- Wipes
- Surgical Gowns 1 & 2
- Surgical Gowns level 3
- Surgical Gowns level 4
- Disposable Sternochopes
- Disposable Therm.
- Infrared Therm.
- Dinamap Temp Probes
- Disposable Scrubs
- Chx Pady/Seabs

- Florissa**
No updates
- Lancaster/Chester**
Disposable Scrubs
N95 Small
Gloves - Large
- Marion**
No updates
- Charleston**
Disposable Scrubs
- Laboratory**
• Lab Supply
Dashboard includes detail
• MUSCP Lab coats are on backorder – sourcing through Medline

- System**
Thermometers for patients only
- Purple top wipes for oncology and neutropenic patient care areas only
- Use of nebulizers for Non-COVID patients.
- MD's COVID only patients

- N95s** – cleaned and stocked
- Short eye shields – OR and PICU

<https://tableau.musc.edu/#/views/COVID-19/COVID-19Summary?iid=1>

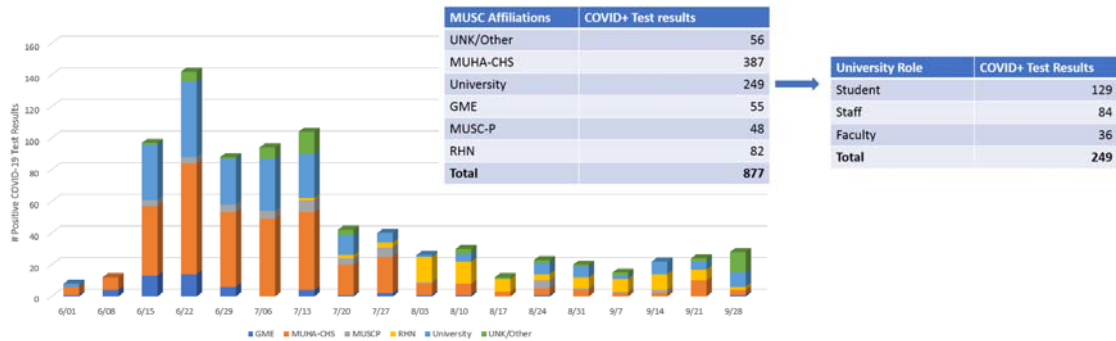


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MUSC Health Contact Tracing Program

- Since March, 877 employees have tested positive for COVID-19
- RHNs included from August

Positive tests by affiliation

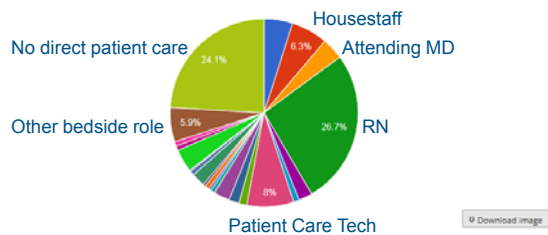


MUSC Health Contact Tracing Program

- Employee self-reporting database (redcap)
 - 651 records entered as of 10/5/2020 report testing positive for COVID-19

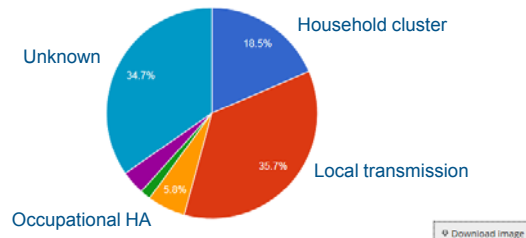
Total Count (N)	Missing	Unique
510	141 (27.7%)	22

Counts/frequency: Attending physician (25, 4.9%), Graduate medical trainee (intern, resident, fellow) (32, 6.3%), Physician extender (CRNP, PA, NP, CRNA, CNM), (19, 3.7%), Registered nurse (136, 26.7%), Licensed practical nurse (12, 2.4%), Environmental services (5, 1.0%), Patient care technician (41, 8.0%), Pharmacist (7, 1.4%), Physical therapist (0, 0.0%), Respiratory therapist (9, 1.8%), Laboratory technician (14, 2.7%), Occupational Therapist (4, 0.8%), Social worker (0, 0.0%), Case manager (2, 0.4%), Dietician / dietary services / cafeteria (4, 0.8%), Interpreter services (0, 0.0%), Speech / language pathologist (2, 0.4%), Radiology technician (12, 2.4%), Patient transporter (4, 0.8%), Volunteer services (1, 0.2%), Hospital chaplain (0, 0.0%), Hospital administration (20, 3.9%), Hospital facilities / maintenance / engineering (4, 0.8%), Unit clerk (4, 0.8%), Other bedside role (30, 5.9%), I do NOT provide direct patient care or come in contact with patients (123, 24.1%)

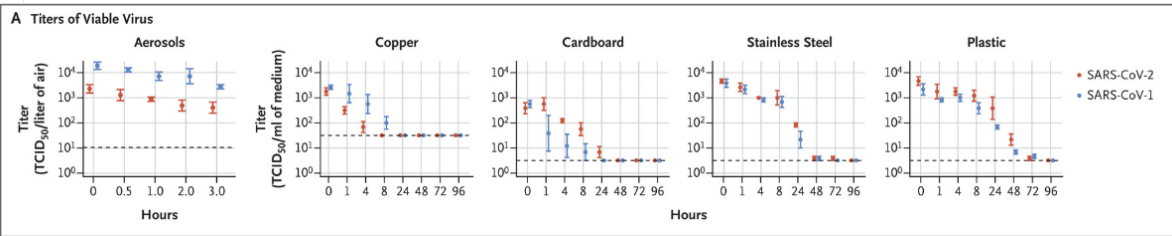


Total Count (N)	Missing	Unique
496	155 (31.2%)	6

Counts/frequency: HOUSEHOLD CLUSTER (92, 18.5%), LOCAL TRANSMISSION (177, 35.7%), OCCUPATIONAL ACQUISITION, HEALTHCARE-ASSOCIATED (29, 5.8%), OCCUPATION ACQUISITION, NON-HEALTHCARE (8, 1.6%), TRAVEL-RELATED (18, 3.6%), UNKNOWN (172, 34.7%)



COVID-19 Survival on Surfaces



NEJM study (NEJM 382;16, published April 16, 2020) aerosolized the virus into a contained area. There was viable virus on plastic for 72 hours, steel for 72 hours, copper for 4 hours, and cardboard for 24 hours.

Surface	Viable Virus Survival Time
Printing paper	3 hours
Wood or cloth	48 hours
Glass	96 hours (4 days)
Plastic or steel	168 hours (7 days)

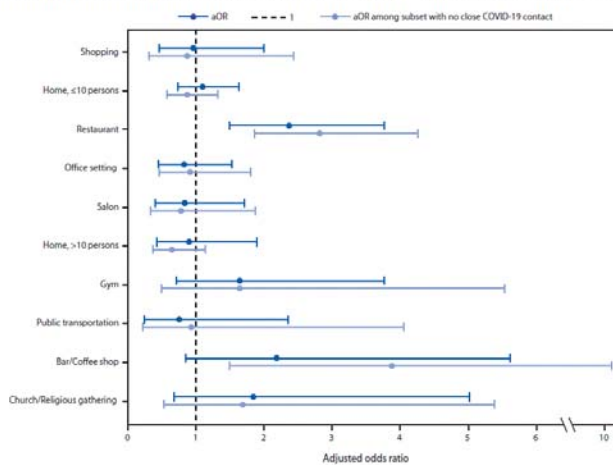
Lancet study (www.thelancet.com/microbe Vol 1 May 2020) inoculated a known amount of the virus onto different surfaces.



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Behavioral Risks for COVID-19

FIGURE. Adjusted odds ratio (aOR)* and 95% confidence intervals for community exposures[†] associated with confirmed COVID-19 among symptomatic adults aged ≥18 years (N = 314) — United States, July 1–29, 2020



Summary
 What is already known about the topic?
 Community and close contact exposures contribute to the spread of COVID-19.
 What is added by this report?
 Findings from a case-control investigation of symptomatic outpatients from 11 U.S. health care facilities found that close contact with persons with known COVID-19 or going to locations that offer on-site eating and drinking options were associated with COVID-19 positivity. Adults with positive SARS-CoV-2 test results were approximately twice as likely to have reported dining at a restaurant than were those with negative SARS-CoV-2 test results.
 What are the implications for public health practice?
 Eating and drinking on-site at locations that offer such options might be important risk factors associated with SARS-CoV-2 infection. Efforts to reduce possible exposures where mask use and social distancing are difficult to maintain, such as when eating and drinking, should be considered to protect customers, employees, and communities.

Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020. MMWR Morb Mortal Wkly Rep 2020;69:1258–1264.



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Covid-19 Testing Evolution

- High throughput in-lab testing
 - Capacity ~4,000 a day
 - Turnaround time ~24 hours
- Pursuing more out-of-lab point-of-care testing
 - Capacity based on machines and national allocations
 - Turnaround time ~15 minutes
 - Lower sensitivity (more “false negatives”)
- Pursuing easier collection methods (saliva, nasal swabs)
 - Lower sensitivity (more “false negatives”)



COVID-19: Update on vaccine trials



Timeline of AZ Vaccine Trial

- July 14: Selected as trial site
- August 11: Contract signed
- August 17: Site initiation visit

August 20, 2020



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Timeline of AZ Vaccine Trial

- July 14: Selected as trial site
- August 11: Contract signed
- August 17: Site initiation visit
- August 28: Notice of permission to enroll
- August 29: First subjects enrolled



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The First Week...

- 126 subjects enrolled
- Number 1 site in the US



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...and then it stopped

- Suspected Unexpected Serious Adverse Reaction (SUSAR)
 - Transverse myelitis in subject in the UK
- Study placed on clinical hold
 - UK study has resumed
 - FDA has not granted permission to resume (yet)



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Other vaccine studies under development

- Novavax (selected as site, amendment sent to the FDA)
- Janssen (SQV today)



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