



COVID-19 research update

April 7, 2020

The Health Policy Institute of Ohio is collecting the latest research so that Ohio policymakers and other stakeholders can make informed decisions on the rapidly evolving COVID-19 pandemic. HPIO has also created a [Coronavirus \(COVID-19\) resource page](#) to serve as a "one-stop-shop" for links to the Ohio Department of Health, Centers for Disease Control and Prevention and other sources of frequently updated, reputable information.

Articles examine hospital challenges, new approaches to protecting workers

[A new report](#) (U.S. Department of Health and Human Services, April 3) provides a national snapshot of hospital experiences and perspectives regarding difficulties and needs in responding to the COVID-19 pandemic. In response to brief telephone "pulse surveys," hospital administrators reported that their most significant challenges are testing, caring for patients with known or suspected COVID-19 and keeping staff safe. Hospitals also reported substantial struggles maintaining or expanding their facilities' capacity to treat patients with COVID-19.

[An overview of emergent policy changes](#) (JAMIA, April 2) during the COVID-19 pandemic identifies opportunities for technology-based clinical evaluation. One approach highlighted is electronic personal protective equipment (ePPE), which uses telemedicine tools to perform on-site electronic medical screening exams inside hospitals while satisfying the Emergency Medical Treatment and Labor Act. This approach has the potential to conserve PPE and protect providers while maintaining safe standards for medical screening exams in the emergency department for low-risk patients in whom COVID-19 is suspected.

Guidance for allocating ventilators when demand exceeds supply

[A recent article](#) (NEJM, March 23) discusses approaches to allocating ventilators during a pandemic such as COVID-19. The article suggests that states should develop a comprehensive strategy to rationing resources during a pandemic. Anticipating the need to allocate ventilators to the patients who are most likely to benefit, clinicians should proactively engage in discussions with patients and families regarding do-not-intubate orders for

high-risk subgroups of patients before their health deteriorates. In addition, the authors suggest creating a triage committee, composed of volunteers who are respected clinicians and leaders among their peers and the medical community.

Child outcomes for COVID-19

[A preliminary description of pediatric U.S. COVID-19 cases](#) (CDC, April 6) finds that relatively few children with the disease are hospitalized, and hospitalization was most common among pediatric patients less than a year old and those with underlying conditions. The analysis found that nearly one third of reported pediatric cases occurred in children aged 15-17 years, followed by cases in children aged 10-14 years. It is important to note that severe outcomes have been reported in children, including three deaths. Social distancing and everyday preventive behaviors remain important for all age groups because patients with less serious illness and those without symptoms likely play an important role in disease transmission.