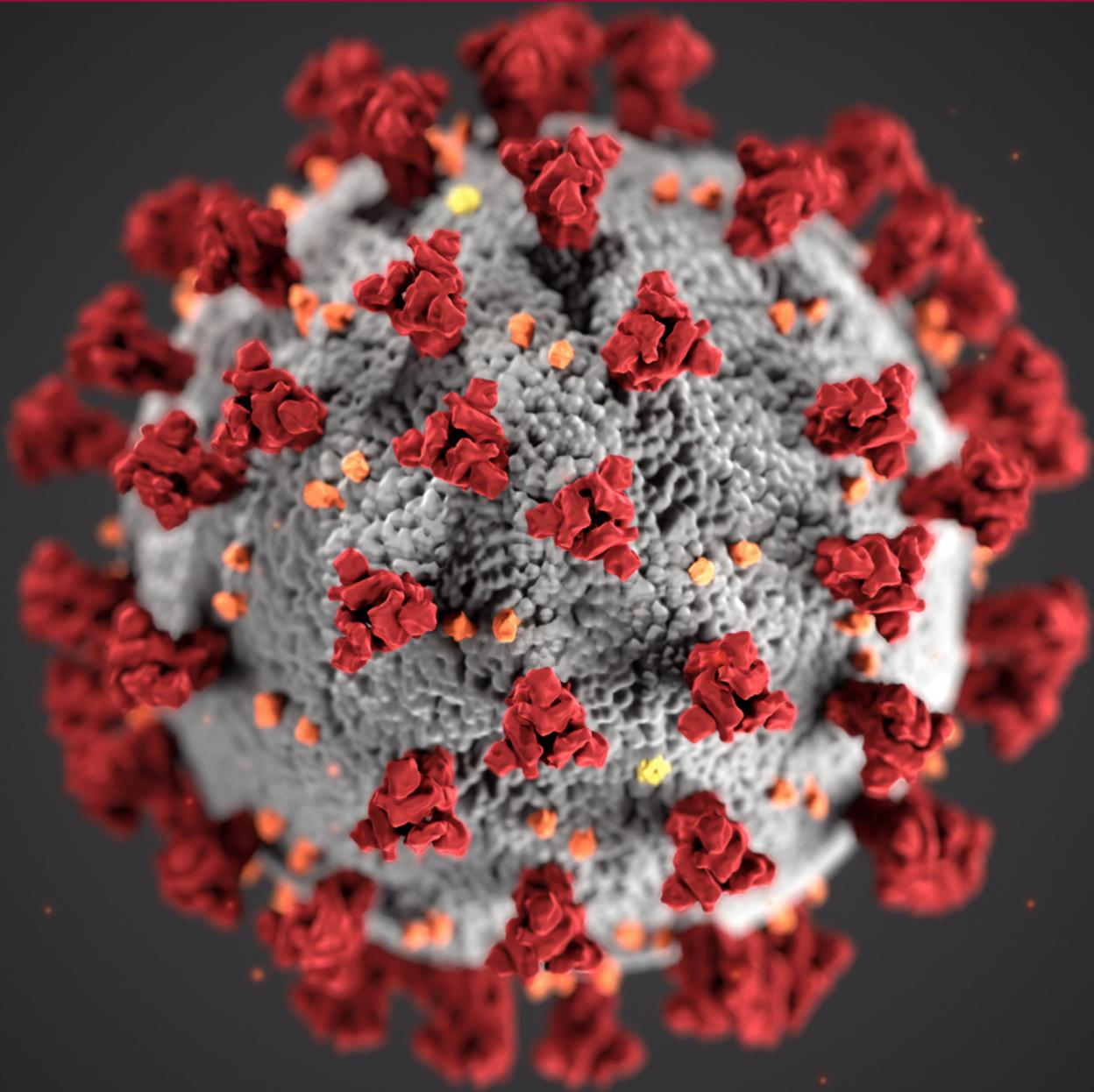




Diversity Newsletter

Vol. 3, Issue 3



*“Note to self: every time you were convinced you
couldn’t go on, you did.”*

— Unknown

Dear colleagues,

Due to the rapidly evolving COVID-19 pandemic, our editorial team decided to collect insights and reflections on this topic. This is at the center of our minds right now. The coronavirus affects all of us, our families, our friends and communities around the world.

Bias and prejudice can develop when a disease, such as COVID-19, is associated with a specific group of people. It becomes discrimination when this prejudice is directed against protected characteristics, such as race or national origin. Bias and discrimination hurt everyone by creating fear towards ordinary people instead of the disease that is causing the problem. A virus does not discriminate. COVID-19 has infected people of all races and many national origins. While older people are at higher risk, anyone can develop a serious COVID-19 infection. To beat the COV-2 virus, we have to unite and fight it together.

This is a serious situation and everyone is important in this battle. Some of us are fighting the coronavirus at the front line: On behalf of our entire community, I want to thank these front line workers for their efforts! Thank you for being selfless! Thank you for taking care of our patients! Thank you for facing the threat head on! You are our inspiration, you are our heroes!

I also want to thank our Department members who are preventing further spread of the virus by staying at home. Thanks to everyone who is investing extra time, effort and personal expenses to provide administrative support and clinical care through remote work. I want to thank our researchers who sacrifice important work and who face major expenses by halting their experiments. Thanks to everyone who is trying to limit collateral damage by working hard at home!

We are also grateful for many people who keep us socially functioning in these difficult times: The security personnel, doormen/women, delivery staff, pharmacy workers, taxi drivers, grocery workers and many more. Thank you for your service!

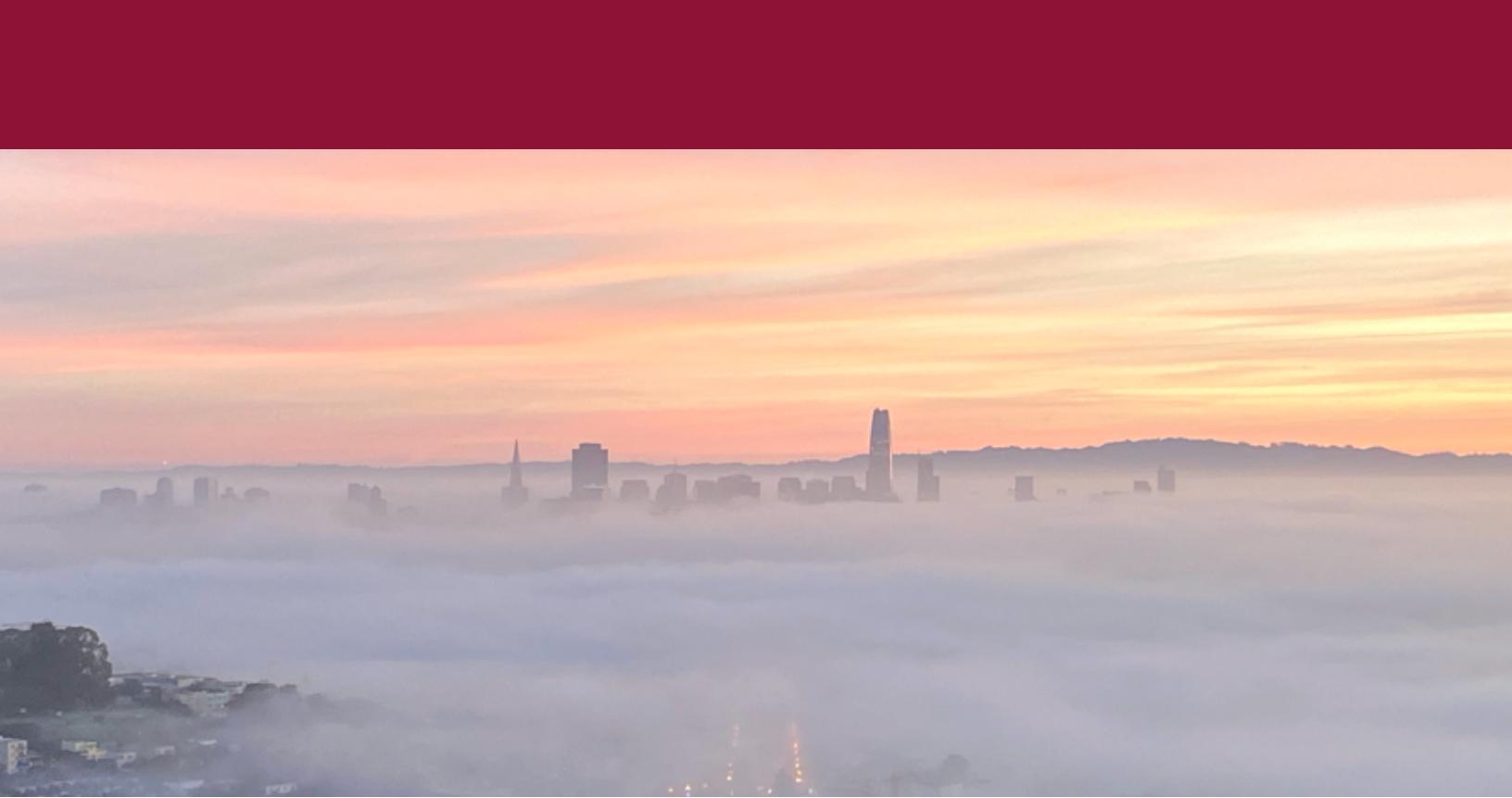
Thank you all for supporting our precious community at Stanford Radiology!

I sincerely hope that we can all work together to "flatten the curve"!



Heike E. Daldrup-Link, M.D, Ph.D.
Professor, Radiology
Professor, by courtesy, Pediatrics
Director, Pediatric Molecular Imaging
Associate Chair for Diversity
Stanford Medicine | Radiology





MICHAEL RYAN (WHO HEALTH EMERGENCIES PROGRAMME) AT DAILY PRESS BRIEFING ON COVID-19

<https://www.youtube.com/watch?v=AqRHH6e-y6I>

ANGELA MERKELS ADDRESS TO THE NATION PROVIDES IMPORTANT INSIGHTS

<https://www.youtube.com/watch?v=F9ei40nxKDc>

BILL GATES TOLD US ABOUT THE CORONAVIRUS EPIDEMIC IN 2015

https://www.youtube.com/watch?v=6Af6b_wyiwl

*“You can choose courage or you can choose comfort,
but you cannot choose both.”*

– Brene Brown

From the Chair

As you are acutely aware, we are on the cusp of perhaps the greatest health crisis of our lifetime as the COVID-19 pandemic reverberates through our department, hospital, university, state, country, and the entire world. I wish I could be there with you all right now in person. I am fully apprised of the situation, and fully aware of the plans put forth by the university, School of Medicine, and our department. I am confident in the leadership of our vice chairs, Drs. Garry Gold and David Larson, and our DFA, Yun-Ting Yeh, as well as all of our associate chairs, directors, division chiefs, managers, and supervisors, to lead our department through this global healthcare emergency.

First, I want to send my personal appreciation for everyone who has been working hard these last few weeks as the events have unfolded. Each of you have been instrumental in keeping our department moving in partnership with the hospital on the clinical front, and in step with the university on the research and training front. Each faculty, staff, trainee, and student has an important role and I ask that we all work in concert as a team to get through these next few weeks.

The guiding principles I would like to impart to you all are:

1. Trust and support your leadership. Be constructive in your engagement with them.
2. Be in close communication with each other and reach out to help if you can. Be professional, patient, understanding, and constructive in all of your interactions.
3. Clinicians – faculty and trainees – Be a strong partner to your clinical colleagues and be present in person as needed, and be ever available and reachable by phone, text, email. Our clinical mission is clearer now than ever before.
4. Researchers – faculty, staff, and trainees – critically and quickly evaluate what is truly needed for your local labs and teams, and support working from home for yourselves and everyone on the team.
5. Staff – even though you are often less visible, your contributions and work is even more critical now than ever. We will be counting on you to be working from afar, yet work in ways that will bring us all closer than ever before.
6. Adhere to the guidance of the university, hospital, and SoM leadership, and specifically the vice chairs and associate chairs as they help us through this crisis.

I want to recognize that we are all living and working under unprecedented circumstances. As situations evolve quickly, we must be adaptable and agile. We must remain resolute in our partnership with the other clinical departments to care for our patients. We must work with the hospital and university to protect ourselves, our patients, staff, community and society.

Let us come closer together during this difficult time. Collaborate with your department leadership throughout this time. As unexpected situations continue to arise, communicate quickly, succinctly, and effectively, through constructive conversation and transparent discourse. I ask people on the frontlines as well as those behind the scenes to be ready to be called upon to contribute in ways to solve a problem, even if it is not in your usual job duties. I ask that you all rise to this challenge that is put forth to us and come to the aid of all as a community.

In closing, you are each in my daily thoughts. Take care of yourselves and your families, colleagues, and friends.

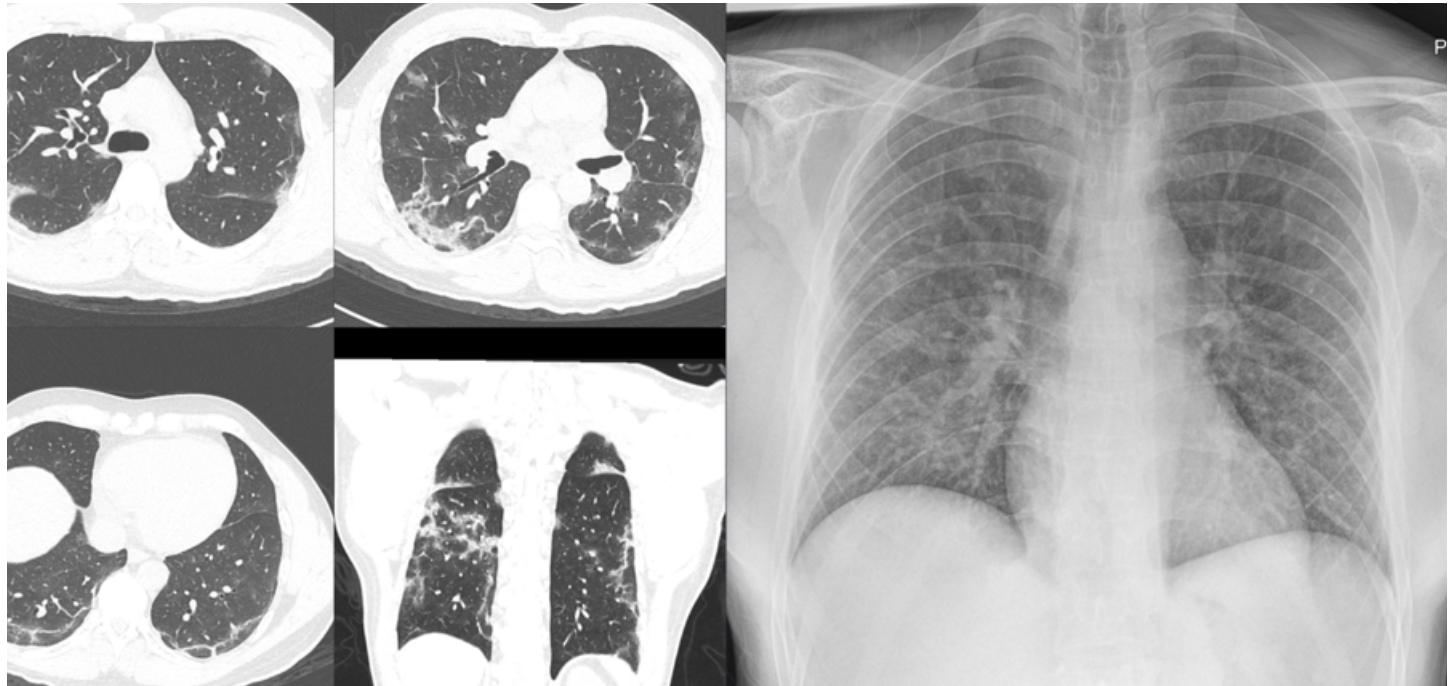
Best regards,

Sam Gambhir

Sanjiv Sam Gambhir, MD, PhD
Virginia and D.K. Ludwig Professor of Cancer Research
Chair, Radiology
Professor, by courtesy, Bioengineering and Materials Science & Engineering
Division Chief, Molecular Imaging Program at Stanford (MIPS)
Division Chief, Canary Center at Stanford for Cancer Early Detection
Director, Precision Health and Integrated Diagnostics (PHIND) Center
Stanford Medicine | Radiology

Imaging Findings of Coronavirus

Given fast evolution of the CoVID-19 outbreak, and the vital role that we radiologists serve, please see images from a recent CT scan of confirmed CoVID-19 (also variously referred to as SARS-CoV-2, Coronavirus disease 2019, and novel Coronavirus) below:



RSNA's Special Focus on CoVID-19 provides a more comprehensive overview: <https://pubs.rsna.org/2019-nCoV#images>

Imaging findings include ill-defined, patchy, occasionally nodular ground-glass opacities that are often peripheral and bilateral is emerging as the most common finding (A, B). As the disease evolves, areas of consolidation and "crazy-paving" are also seen, occasionally with the "atoll" sign and peri-lobular consolidation that suggest organizing pneumonia (C, D). Given poorly marginated ground-glass nature of opacities, CXR is of limited sensitivity in early disease. Reported CT sensitivity for lung findings of infection is up to 98%, as compared to RT-PCR at 71% (Fang et al, Radiology 2020). The imaging ddx for acute GGO certainly include: other atypical/viral infections, drug reaction, pulmonary hemorrhage, and multiple other causes of acute lung injury. But so far reported cases exhibit a rather consistent appearance as described, more remarkable given the myriad ways that many other "atypical/viral" lung infections can otherwise manifest.

References:

Kong et al, Radiology: Cardiothoracic Imaging 2020

Bernheim et al, Radiology 2020

So far it appears that CoVID-19 predominantly affects the lower respiratory tract, infecting type I and II pneumocytes, leading to break down of the alveolar walls, with infiltration of fluid, hemorrhage, and inflammatory cells into the alveolar space that manifest as focal parenchymal GGOs and consolidations. As a part of a self-limited evolving inflammatory/repair process, these areas of opacification subsequently increase in density with inflammatory cell proliferation, and can evolve into the appearance of organizing pneumonia. A small minority of susceptible patients unfortunately progress to acute lung injury, with more extensive lung damage, appearing as diffuse gravity dependent opacities of diffuse alveolar damage / ARDS. Effects of CoVID-19 on other organs are still being investigated, and lymphopenia and elevated LFTs are reported. Procalcitonin is often normal.

Pathological review of Coronaviruses: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4267971/>

Henry Guo, MD, PhD

Henry Guo, MD, PhD
Thoracic Imaging
Stanford Medicine | Radiology

Help to flatten the curve

In March 2012, Mike called me and told me to go straight home, don't stop, he would tell me why later. I was out to lunch as far away from home as I had ever been in Bamako (Mali, Africa) with a friend. We paid the bill and got the food to go.

On the way home, nothing was different, the streets were normal, nothing strange. I even stopped for vegetables as I did not know what he meant.

He did not come home until the next morning when in the early hours he woke me to tell me there had been a coup. The unthinkable. A complete change of life. We were to shelter in place while bullets went overhead. We could see and hear the danger. Each day was one day more of uncertainty. We were to shelter in place, not go out, ask for help if we needed it.

Today, I am here to ask/beg you to shelter in place for the danger that we cannot see. Even if the day around you looks and feels normal, even if your friends are out and about and don't care and tell us all they don't care if they get sick.

We don't know how long we will have to do this. There are days ahead that will be very hard.

For the next however long it takes, I am choosing to uphold the oath I took years ago to care for all of you. I will go to work and get closer to another person than is recommended over and over, day after day, week after week.

We are trying to be as ready as we can be. We wait for the firestorm but don't know the exact moment when the bullets will fly more than a few at a time.

I hope that there are enough beds and ventilators for those that will need it.

I hope my colleagues don't ever have to make the same decisions that the physicians in Italy have to.

I hope that there are enough physicians that stay healthy that I can stay in Radiology and not be called to help elsewhere.

So please stay home and/or socially isolate as much as you can.

I really hope that in a few weeks we can all look back at this and say we dodged a bullet. Wonder why our kids got extra weeks off of school. I really hope this does not become a 'lost' year in the history books.

We each have a part to play. Help #flattenthecurve.

Jayne Seekins, DO

Jayne Seekins, DO
Assistant Professor
Stanford Medicine | Radiology

Stay Safe!

I am sharing my personal experience and feelings around COVID-19 to raise awareness of the significance of this pandemic for those of us living with disabilities and chronic illness.

I have been anxious, confronting that, because of my spinal cord injury and respiratory dysfunction, it likely makes me "high risk" of more severe disease. That is hard to accept because I consider myself generally "healthy," despite my disability. By "healthy," I don't have any chronic medical conditions such as cardiovascular, kidney or liver disease, endocrine disorders, etc. It may be counterintuitive to think of disabled people as healthy, but many do.

The CDC has been correctly emphasizing proper protective measures. But it's harder for me to effectively self-isolate because I rely on outside caregivers for self-care tasks. But what would happen if they became sick and couldn't work? That would put a massive burden on my pregnant wife. It's also hard to wash my hands thoroughly. And I also take a lot of medications and use medical supplies, relying heavily on a functioning supply chain.

Last week I decided to work and read scans from home. It was a hard decision to make for several reasons. Still, I am fortunate that, as a non-procedural radiologist, I do not have to choose between staying home and working, continuing an active role in patient care and teaching. My Radiology colleagues and leadership are always supportive and understanding of my disability. But I know that is not universal, and that's why I'm writing this email.

What is an anxiety-provoking and challenging time for everyone is especially so for healthcare providers with disabilities. We are obligated and privileged to take care of our patients, which may include those with COVID-19. However, our health and safety are more at risk than those of our colleagues. There are people in our SMAC community who are immune-compromised or have other medical conditions and must take special precautions.

If those of you with disabilities need accommodations to protect yourself, feel empowered to speak with your instructor, division chief or supervisor. For those of you in positions of authority, please be proactive about protecting your high-risk staff, and be generous with the provision of accommodations. Those in lower positions of power, such as students and residents, may not feel comfortable initiating the conversation.

We cannot overemphasize the importance of protecting your safety. Please let us know if there are any other ways SMAC can support you. We all need to work together to make it through this difficult time.

Pete

Peter D. Poullos, MD
Clinical Associate Professor, Radiology, Gastroenterology and Hepatology
Founder and Director, Stanford Medicine Abilities Coalition (SMAC)
Stanford Medicine

The unknown touches all of us

I'm certain that my thoughts are not unique or have not been said by others, but perhaps that means it is important enough to repeat. The COVID-19 outbreak is unlike anything that has happened in my lifetime. I vaguely recall similar empty streets immediately after 9/11, but obviously we cannot compare these events. I regularly take a break midday to stroll the beautiful Stanford campus and enjoy listening to snippets of languages spoken by our incredibly diverse population as they walk past. Which language was that? I've heard German, French, Mandarin, Hindi, etc. It's almost a game. Yesterday's walk chilled me, both by temperature and the lack of any activity. There was no game to play. The sidewalks are barren, the buildings and stores are nearly empty, and my inbox dings with a new development about the virus impact every few hours. I say this to explain that I understand why some are panicking. These are incredibly anxious times for anyone, especially the elderly and immunocompromised and those who love them. However, it is important that we listen and follow instructions given by those who know much more than we do: the scientists, the virologists, the researchers, the people whose lives have been spent studying similar diseases. Social media can be a wonderful and invaluable tool, but it also has a tendency to do the opposite of easing our minds during a crisis by spreading false information; I have begun scrolling through it sparingly to focus on the facts. I encourage our community to adhere to the hygiene and social distancing guidelines we've been given so that our hospitals, clinics, and medical workers can safely and efficiently accommodate the inevitable (slower) increase of new cases. Fear and anxiety of the unknown touches all of us, but we are gathering more and more data about this virus every day. I am optimistic that new cases will arrive at a slope we can handle and that we will save lives if we remain vigilant and informed. We are equipped with the tools to make it through this, and together we will.

Kim

Kim Halbert, BSRS, CNMT, PET, RT(N)(CT)
PET/MRI Research Technologist
Stanford Medicine | Radiology

*“Every morning we are born again.
What we do today is what matters most.”*

– Robert Frost

Dear Researchers,

The restriction for "essential" lab activities only and the "shelter in place" order must be taken seriously. While we are all dedicated to our research, I think everyone needs to reassess what is considered truly essential. Almost all cell lines can be frozen. Animal colonies can be reduced in size to a minimum amount needed to keep the precious strains going.

This pandemic has already affected me in multiple ways. I learned that one of my former professors at the University of Washington has passed away due to complications from COVID19 (and died alone because no visitors at all are allowed in the hospital). One of my best friends is currently the attending physician for the adult pulmonary service at the University of Chicago. She just learned that one of her front desk clinic staff has tested positive for COVID19 and is trying to figure out what this means for all the patients that have recently come into clinic for truly essential visits for their underlying lung problems. My other best friend is a NICU attending in Seattle who was on service last week. Currently they are working on figuring out what they are going to do if there are not enough ventilators for the adults and the NICU babies. Another friend is a paramedic in France. They have been told not to intubate anyone over the age of 50, regardless of the medical reason for their respiratory failure, because there are no ICU beds. These are just a few examples of the 100s of horrific stories I am hearing directly from the front lines.

Millions of people are going to die if we don't all come together and do the right thing, which is stay home. Among the casualties are front line health care providers who don't have enough personal protective equipment, such as the masks I have seen many researchers wearing in lab "just to be safe." We now know that a significant number of people infected with COVID19 are completely asymptomatic but still very contagious. Getting a few more experiments done or papers published because you think what you are doing is "essential" is not worth putting yourself and those around you at risk. Cancel everything means everything.

You may think I have no right to voice these concerns. But someone who I interacted with on a daily basis for the four years while I was a graduate student has died from this, and died alone in an ICU where I trained as a medical student. Who will be next? Maybe it will be someone you know and care about. We are not helpless here. We can all contribute to the health and well-being of those around us, and continue to be productive in ways we hadn't previously imagined. All you have to do to save lives is stay home.

Cheers,

Sharon

Sharon Paige, MD, PhD
Instructor, Division of Pediatric Cardiology
Lucile Packard Children's Hospital at Stanford
Laboratory of Dr. Sean Wu
Stanford Medicine | Stanford Cardiovascular Institute

Courage is knowing that there is something more important than fear

I am Italian; I moved to California 4 years ago. My Sars-CoV-2's story started back on February 21st. I had just woken up and I was reading the news. Suddenly, one article grabbed my attention: one first positive case of Sars-CoV-2 in Italy, in the city of Codogno, along Milan's Southeast border. I was in disbelief. I stayed in bed for a little longer that day. I spent 10 more minutes reading the news and then I decided that it was not a big deal. "Ok," I said to myself, "the virus arrived in Italy, but there were just a few cases. The Italian Government had already put that area in quarantine, so they will stop the spread of the virus for sure. I don't need to be scared. Everything will be alright soon". I got out of the bed and started getting ready for my day.

But it took only a few days for me to become aware of the real situation. It was a shock. I suddenly found myself getting a lot of messages from my colleagues working as physicians in Milan. They were describing a tragic situation and advising people to stay home since there was no treatment and the hospitals were at capacity. I started reaching out and asking people to stay home on social media. The more I connected with people on Facebook, the better I felt. It was my duty to increase the awareness of the situation among people, to help my colleagues back in Italy. I even got angry with people who were not respecting this important mission. But I ended up being overwhelmed by the problem instead of managing it.

March 17th. I am on my couch. It is raining outside. I spent the last week at home, working remotely, and I don't have any outdoor plans for the weekend, nor for next week. I am aware of what is going on around me, but I also have a feeling of peace inside now. What happened during these three weeks? I became conscious of the reality, both outside and inside myself.

When I think about the different reactions I had since the Sars-CoV-2 came into my life I asked myself: "Should I have been aware of the seriousness of this situation since the beginning?" "Should I have been honestly worried about the news coming from Italy back on February 21st? Did I overreact to the news coming from Italy and from my colleagues?" The answer for all these questions was "yes, but I could not realize it." Many times, over the past weeks, I found myself asking why I acted that way. Now I know the answer. I was simply scared.

At the beginning, my fears subconsciously drove me to the conclusion that it was not a big deal and that it would never affected me or my beloved ones. Shortly afterwards, my fears made me think we would all die.

When I started to figure out what was going on, I identified the same behaviors I had in people around me. Either they kept denying it or they started panicking, as I did myself for a while. In the first scenario they tried to deny it, remove it from their life and keep living a normal life. In the second one, they were completely overwhelmed by their emotions. There is a famous quote: "out of sight, out of mind." Unfortunately, that was not applicable to the reality this time.

A few days ago, I was listening to Umberto Galimberti, an Italian philosopher, while talking about the current situation and how people reacted to it. He explained that the emotion which all of us are facing at this moment and that we described as fear, it is not fear. In fact, fear is the emotion you experience when you are confronted with a known threat. For example, I see a fire and I run away because I'm scared of dying. Or I look both ways before crossing the street, because I'm scared that a car could hit me. But when a dangerous situation has uncertain outcomes, we feel distress, anxiety, anguish.

What we are facing now is different from our "regular" fear reaction and, actually, much harder to control. In case of fear we know what to do. In front of anguish, we do not know what to do. This is because the situation which creates fear is beyond our control. We grow up with a confidence that we can overcome any possible issue. Fighting against an unknown enemy, as the virus is, makes us feel like we are powerless in the face of our mortality. In a world which keeps trying to convince us we are immortal; a virus is reminding us we are not. Suddenly, our intellectual superstructures collapse in front of such a scenario and we find ourselves alone with emotions we either don't know how to handle, or we don't want to handle.

Courage is knowing that there is something more important than fear

How do we manage the feeling of powerlessness and anxiety? The answer I gave myself is to listen to it. When we are in resonance with our feelings, we learn how to manage them, instead of letting them manage us. Besides all the bad things that the virus brought, there is something extremely important that it is giving us: TIME. The same time for which we used to complain that it was never enough. The virus is forcing us to stay home and reorganize our daily life. The time you cannot spend with your friends or at the gym or at the museum is the time you can spend with yourself.

I read a long time ago that having courage isn't the same as not being afraid: Having courage is knowing that there is something more important than fear. I truly believe this could be the right time for us to be courageous; courageous to stop our routine life for a while and sit, breathe and listen to our hearts; rearrange our priorities and reconnect with ourselves. Somebody told me once that through self-consciousness, any negative feeling could eventually be converted in positive ones. So, I believe that the anguish we are experiencing now, will become strength and self-awareness. I have no doubts that we will overcome this new challenge; I wish we will all figure it out with a new wisdom.

Best regards,

Lucia Barratto, MD

Nuclear Medicine
Stanford Medicine | Radiology

“With the new day comes new strength and new thoughts.”

– Eleanor Roosevelt

Be safe. Be Kind. Be patient.

My family and I relocated to West Lafayette, IN (Purdue University town) over four years ago. As a result, and thanks to our department leadership, I am one of the lucky few who work from home on a permanent basis. At a professional level, I do not feel as much impact in regards to work as I have been a remote staff for a while now. However, just as with the community at Stanford, the community at Purdue is also grappling with the daily updates and evolution of COVID-19.

The first COVID-19 case in Indiana was confirmed on March 6 in Marion County, approximately 60 miles southeast of West Lafayette. Purdue, similar to Stanford, had been preparing. To provide some perspective, Purdue has ~44K students compared to ~16K students at Stanford. At this point, Spring Break will begin March 16. One can imagine the speed at which COVID-19 can spread once travel begins with Spring Break. On March 10, Purdue announced that all classes will be online after spring break and all events on campus are cancelled until May 2 (finals week and commencement)! [<https://www.purdue.edu/president/messages/campus-community/2020/2003-coronavirus-update-2.php>] For now, my husband continues to go into work, but is also preparing his office for remote work. Needless to say, all international programs are suspended.

In the last few weeks, stores have run out of toilet paper, hand sanitizers, disinfectant and detergent of all kinds, etc.! Big stores like WalMart and Meijer are seeing unprecedented hoarding. Unfortunately, the stores did not set purchasing limits early or fast enough!



All our Spring Break plans fell apart with the cancellation of Indiana Swimming Age Group State Championship, in which my kids and their team were going to take part. The kids' disappointment aside, we are glad proper measures are being taken. Just today, the schools announced that Spring Break will be extended through the end of March and teachers need to prepare for e-learning the first few days in April. We will know more by March 30 on what will happen for April and beyond. In addition to the fear of the spread of COVID-19, many families are trying to figure out child care, e-learning (some families don't have computing access), work, etc. It is a tough balance. We need all the healthcare professionals to continue providing their services. But what about their children? Some neighbors in our neighborhood have stepped up and offered to watch the kids while these healthcare professionals go to work! In the midst of this darkness, these neighbors shine a light! We're so grateful to be a part of this community.

My elderly parents, who have various medical conditions, also live with us. They were originally going for a respite stay at a nearby assisted living facility during Spring Break. We decided to cancel that stay as well given the situation. We can only wait and see how it will be in the nursing homes in the weeks and months to come.

I'm sure everything I've described above is no different in many parts of the country. I wish everyone all the best, wherever you may be. I hope that communities will come together and work together in this time of uncertainty.

Be safe. Be kind. Be patient. Take care of each other.

And please...wash your hands!

Lin Ng

Sr. Financial Analyst
Stanford Medicine | Radiology

Resources

COVID-19: WHAT PARENTS NEED TO KNOW

Q&A with Anita Juvvadi, MD, Stanford Children's Health pediatrician with Juvvadi Pediatrics

<https://healthier.stanfordchildrens.org/en/covid-19-what-parents-need-to-know/>

VIRTUAL MUSEUM TOURS

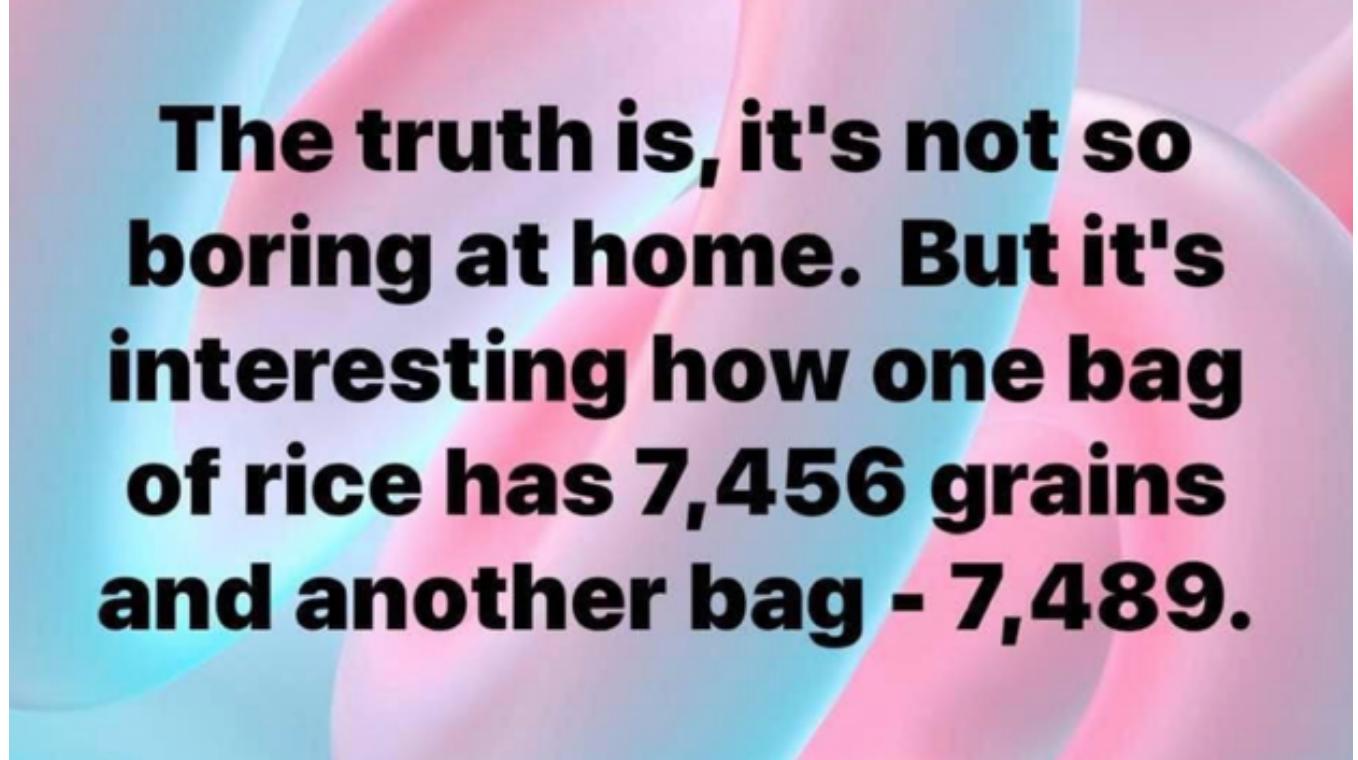
Stuck at Home? These 12 Famous Museums Offer Virtual Tours You Can Take on Your Couch:

<https://www.travelandleisure.com/attractions/museums-galleries/museums-with-virtual-tours?fbclid=IwAR3MjPBRilTdZVH8KRkzfxAizbHuQKCz7g0TWQdxMbIskogPHsm7vG8lzzc>

MATTHEW MCCONAUGHEY SHARES MESSAGE OF HOPE AMID CORONAVIRUS PANDEMIC

Q&A with Anita Juvvadi, MD, Stanford Children's Health pediatrician with Juvvadi Pediatrics

<https://www.youtube.com/watch?v=z6-odi5FtW0>



**The truth is, it's not so
boring at home. But it's
interesting how one bag
of rice has 7,456 grains
and another bag - 7,489.**

Building Capacity

I am currently an MD PhD candidate, but in the Netherlands. We start PhD studies after we graduate from Med School. So, for a PhD, we basically work as a postdoctoral researcher with an MD title. During my time as a researcher at Stanford, I found out that both systems are hard to compare, but eventually lead to the same training outcome.

After graduation, I've worked as a 'non-training resident', in my case in surgery. Recently, our leaders have asked some of the researchers with clinical experience to help on the wards, creating a bigger group of physicians. Clinicians with ICU experience (surgical-, internal medicine- and anesthetic trainees) are now being trained to work on the ICUs.

I hope Stanford will get the time to prepare well. Here, most ORs are being prepared to be turned into ICUs, likewise for the holding/recovery. I hope we can 'flatten the curve' enough so it stays below the nation's ICU capacity.

And please...wash your hands!

Friso

Friso Achterberg, MD, PhD
Alumni, Gambhir Lab



"The best way out is always through"

– Robert Frost

Patient isolation, Multidisciplinary experts. Enhanced care

Since the onset of coronavirus disease 2019 (COVID-19), a total of 39 patients have been admitted to Dazhou Central Hospital, Sichuan, China. All of them are cured and discharged without any medical staff infection.

Throughout the treatment process, our main idea is "Patient isolation, Multidisciplinary experts, and Enhanced care ". Firstly, we set up a medical treatment group, epidemic prevention and control group, logistics support group, publicity group, supervision group, donation group, and psychological counseling group. The seven working groups performed responsibilities on specific matters in the treatment and prevention. Next, we strengthened the pre-examination and triage work in the main hospital area and conducted temperature detection and epidemiological investigation on all admitted patients. A separate hospital area is set as the centralized treatment point for confirmed cases, and another separate area is for suspected cases of COVID-19. We try our best to make different types of patients to enter the hospital through different channels and avoid cross infection during medical treatment.

Experts from infection, respiratory, critical care, emergency, radiology, traditional Chinese medicine, and psychological counseling are set up to treat patients in a multidisciplinary manner. For critically ill patients, the 5G video conference system is also used for remote consultation and diagnosis with the National Medical Center. To facilitate the public to understand the basic knowledge of pneumonitis infected by the new coronavirus, reduce psychological stress, and relieve tension and anxiety, we have opened health and psychological consultation hotline. We also try to use online diagnosis and treatment for general non-emergency patients. On the hospital's official website, WeChat public account, Weibo, and other social media platforms, we timely push out epidemic prevention and control knowledge and hospital announcements.

There is an impressive story. In the beginning, medical supplies like surgical masks and goggles were extremely scarce due to explosive growth. The employees of our medical imaging center use their imagination and creativity to sterilize waste film and plastic bags into goggles and protective shoe covers. This not only eases the shortage of protective materials, but also adds a protective barrier for medical personnel to protect themselves. Currently, prevention materials can be fully guaranteed.

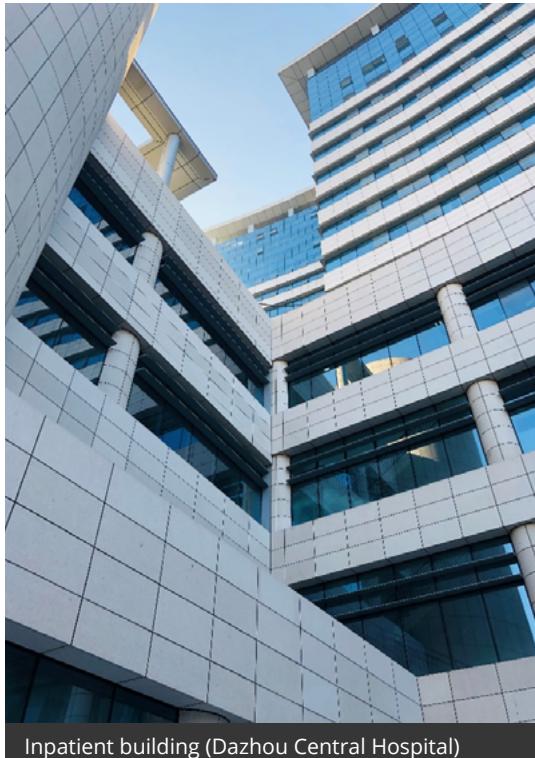
I hope the world will soon overcome the virus.

Fanxin Zeng, PhD

Vice Dean of Dazhou Central Hospital
Daldrup-Link's Lab, Stanford Visiting Scholar in 2018



Patient isolation. Multidisciplinary experts. Enhanced care



"Chinese Clinical Guidance For COVID-19 Pneumonia Diagnosis and Treatment", the official guideline for hospitals in China:

<http://kjfy.meetingchina.org/msite/news/show/cn/3337.html>

Chinese Version:

<https://mp.weixin.qq.com/s/ydHEcrdaaa107IUC938ruw>

The Global MediXchange for Combating COVID-19 (GMCC) program, with the support of Alibaba Cloud Intelligence and Alibaba Health, aims to help combat the global outbreak of the novel coronavirus, COVID-19. This platform was established to facilitate continued communication and collaboration across borders:

https://covid-19.alibabacloud.com/?fbclid=IwAR1wY0-cB-JT-izGuQq8p2jHGe3hW4m2PmHxgomWsnbHI_-IlkgPA57mayE

"The best way out is always through"

– Robert Frost



“We must become bigger than we have been: more courageous, greater in spirit, larger in outlook. We must become members of a new race, overcoming petty prejudice, owing our ultimate allegiance not to nations but to our fellow men within the human community.”

– Haile Selassie