

August 27, 2020



CTS INSPIRATIONS

CTS NEWS

President's Message

"To each there comes in their lifetime a special moment when they are figuratively tapped on the shoulder and offered the chance to do a very special thing, unique to them and fitted to their talents. What a tragedy if that moment finds them unprepared or unqualified for that which could have been their finest hour." — Sir Winston Churchill

It was during a CTS executive meeting that the words of Sir Winston Churchill echoed in my mind. As a professional society, we have and continue to work hard in meeting the aftermath of the current COVID19 pandemic while simultaneously formulating strategies to position CTS for success. As we draw nearer to our first CTS virtual conference, I can't help but feel that even before the COVID19 pandemic struck, CTS was preparing for a moment such as this, and with the talented CTS members throughout California, we were prepared and qualified to shine amidst the darkness. As a society, we have been tapped on the shoulder and offered the chance to do an extraordinary thing, and we are answering that call.

I urge all CTS members to support and do an additional "very special thing" by registering for our [2020 Annual Southern California Virtual Educational Conference](#). I am calling all CTS members to also participate in the Virtual Exhibit Hall (Complimentary Access for all CTS and CSRC members). The Virtual Exhibit Hall provides a unique opportunity to both engage with new therapeutics and innovations in our field, as well as support an important helping hand to our society.

While we may not be able to connect physically, I look forward to being able to connect with every one of you virtually. I end this month's president's message with my sincere thanks to all our members in answering the call and taking every opportunity to make it your finest hour.



A stylized, handwritten signature in black ink, appearing to read "Laren Tan".

Laren Tan, MD
CTS President
LaTan@llu.edu

For more information on our Sept 11-12, 2020 [Annual Southern California Virtual Educational Conference, click here](#)

EDITOR'S NOTE

Outside of direct COVID care, many of us are working to devise completely new protocols and processes needed to sustainably deliver quality care under what will continue to be unprecedented, financially constrained circumstances for the next several months. In this issue, Dr. Nirav Bhakta provides an elegant overview of how one center has approached the re-opening of their PFT lab.

In the next article, CTS Nominating chair Dr. Tisha Wang eloquently describes how the pandemic has transformed grief during a physically distanced good-bye from a beloved patient. The pandemic has not just altered how we treat disease but indelibly changed us, as a profession and as individuals.

Finally, this issue includes a selection of poetry by former CTS president Dr. Tom Addison and the Southwest Journal of Pulmonary and Critical Care

Be the Change!!

On a completely different note, CTS is looking for someone to join their *Inspirations* Newsletter Editorial team.

The success of CTS relies on volunteers. Volunteers make up our teams, and every participant is valued. Our newsletter editors interact with experts from throughout the state. You will also help shape the content shared in the Newsletter. Please submit nominations (self included) by **September 14th at 5 pm PDT**.

Nominations should be submitted to **Suchin Gupta** at sachin.gupta@comcast.net.

Nominations must include:

- ♦ a brief biography (up to 200 words), including a listing of the candidate's editorial experience;
- ♦ the candidate's CV;
- ♦ optionally, a statement of interest of up to 500 words stating the nominee's vision for the newsletter.
- ♦ CTS believes in culturally competent, diverse, and prepared teams that are dedicated to improved health and health equity.

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Restoring Pulmonary and Sleep Services as the COVID-19 Pandemic Lessens

Nirav Bhakta, MD, PhD
Associate Professor
University of California, San Francisco



Summary of key points:

- ♦ The suspension of elective clinical services was necessary to mitigate the spread of COVID-19, but cannot be indefinite because patients' health needs must be addressed.
- ♦ Local COVID-19 prevalence and incidence patterns (e.g. 14-day downward trajectory of new cases), along with the local strategies available to mitigate healthcare-associated transmission, should guide resumption of clinical services.
- ♦ Strategies to mitigate healthcare-associated transmission include patient prioritization, screening and testing for COVID, physical distancing, and PPE.
- ♦ Specific recommendations are provided for outpatient clinics, aerosol-generating procedures such as PFTs and bronchoscopies, polysomnograms first without and then with in-lab positive airway pressure titration, and pulmonary rehabilitation.
- ♦ Knowledge of SARS-CoV-2 transmission has been dynamic, and therefore the operation strategy should be frequently reassessed and modified as needed.

The recommendations provide space for local flexibility because 1) no screening and testing algorithm is 100% sensitive, leading to negative predictive values that depend on local prevalence, and 2) variability in the resources available. Our specific experience in the pulmonary function laboratory at UCSF is illustrative.

For pre-procedure testing, we (and our referring physicians) are fortunate to have support from the medical center in the form of a centralized team of expert RNs to screen, test, and track patients prior to procedures and admissions, named the COVID Assessment, Testing, and Coordination Hub (CATCH). We are a major referral center, and as may be true for many institutions that serve a large geographic area considering how large California is, many of our patients are traveling long distances to our hospital. Although CATCH initially aimed to coordinate COVID testing closer to patients' homes, this has been a dynamic situation as the availability of testing and human resources evolves throughout the state. In such a large state as we have, we are impacted by each other's local circumstances. Providers may have to work together across distances to coordinate pre-procedure testing.

When the PFT lab initially re-opened, we prioritized patients whose management would be urgently influenced by testing, such as monitoring after lung or bone marrow transplantation and for candidacy for lung resection. Our goal was to attend to these priority patients and to work through testing that was put on hold. Given an adequate supply of PPE and environmental controls, in addition to requiring a negative COVID screen and test, our staff have maintained airborne PPE while testing one patient per room with HEPA dilution filtration. We limited testing to spirometry and diffusing capacity, recognizing that lung volumes and other testing less often is critical to make decisions on subsequent testing and therapies. We have now brought six-minute walk tests back, and are just starting to phase in lung volumes and discuss plans for safely performing bronchial challenges and

CPETs, which are thought to be more aerosol-generating than the usual PFT. With all of the extra precautions, the throughput of the lab for PFTs is at about 60% of pre-COVID conditions, and we continue to look for ways to increase the efficiency of our new workflows. A strong and responsive IT crew as we are lucky to have is essential for supporting efficient workflows and interactions between a mix of remote and on-site staff.

Reference:

Wilson K, Kaminsky D, Michaud G, et al. Restoring Pulmonary and Sleep Services as the COVID-19 Pandemic Lessens: From an Association of Pulmonary, Critical Care, and Sleep Division Directors and American Thoracic Society-coordinated Task Force. 2020. <https://doi.org/10.1513/AnnalsATS.202005-514ST> PubMed: [32663071](https://pubmed.ncbi.nlm.nih.gov/32663071/)

A Final Hug with ‘Mi Amor’

Tisha Wang MD, University of California Los Angeles

Like most ICU physicians, I’ve witnessed my share of death and tragedy both pre- and post-pandemic. Despite that, I have actually always been hit the hardest when one of my long-term outpatients succumbs to their illness. It feels like such a profound loss and in my younger days, my rational mind could never understand it. They aren’t family or a close friend, so why does it hurt so much?

Reflecting on this, I think most outpatient physicians are fortunate enough to have a group of patients whom they’ve seen for years. Through those years, our patients cheered us up, made us smile, hugged us, shared their lives with us, respected us, and made us feel important and valued. Maybe it isn’t all that different from an old friend, after all.

I referred one such clinic patient to hospice recently in the midst of the seemingly never-ending COVID pandemic. She sat in her wheelchair, barely recognizable. But somehow underneath her frail body, rapid breathing, silver hair, and masked tired-appearing face, I could still see her bright and slightly mischievous eyes. Her lungs, damaged after a lifetime of cooking for her family in a poorly ventilated home in Mexico, were clearly struggling. And now her heart was failing and there was little else that could be done.

I lingered, not wanting the appointment to end. When the time came, I couldn’t even give her a final goodbye hug because of the ongoing fear of COVID. Instead, we sat there with our masked faces blowing endless kisses to each other as I told her over and over again in my broken Spanish that she was ‘Mi Amor.’

As the tears started falling, my focus shifted to not letting my mask get too wet for fear it would be ruined for the rest of clinic. I quickly looked over at her loving daughter who earlier was also fighting



sides of her cheeks. In that moment, I realized how much sadness one can see even with masks—it's all in the eyes. Our grief-stricken eyes met for a brief moment of shared compassion and understanding.

COVID has undoubtedly changed every single relationship in every one of our lives. We often can't even hug or kiss our own friends and families. But the way it's ruined people's ability to say a final goodbye to those they love is one of the great tragedies in this pandemic. No one will ever get these lost moments back.

Though my sincere hope throughout this entire crisis is for these experiences to make us better and kinder people (and physicians), in the long run, it won't change how incredibly heartbreaking and unbearable they are. We are not going to be able to count the number of times that we had to witness the unthinkable sorrow of a loved one who can't be with and say goodbye to those most dear to them as they leave this world. Or maybe if they're lucky and the timing is right, one or two people could visit as an exception to hospital restrictions that continue to be. But even seeing the anguish of families forced to choose one or two people has brought my most resilient physicians to tears.

In the end, the closeness and intimacy of these last moments isn't the same. There are often no hugs, no kisses, no closeness. I'm grateful that I at least got to see my dear patient, in person, one last time. But what I wouldn't give for a final hug with 'Mi Amor.'

California Thoracic Society

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A Plague is Upon Us,

It seems so they say,
It's changing our lives
In Every Which Way.

"America First"

Seems so hollow now
As we face the scourge
Before which others have bowed.

And one more word
About "Making America Great"
She will vigorously respond,
In spite of the State.

From our exulted leader
Who seems so incredible lost,
To face his first challenge
To the States, it's been tossed.

A Plague is Upon Us,

United we stand
To overcome fear,
Together we band.

And the fight for our health
Is led by the states,
Whose rapid commitment,
May have lightened our fate.

The people have risen
To Conquer this foe
Governors, Mayors.
Cities, counties and so

The closing of bars
And places we gather
Encouraging solace,
Solutions that matter.

Our country is greatest
When we pull as a team
All peoples as together
No matter the scene.

A Plague is Upon Us,

But some things burn bright.
Like families together,
All day and all night.

A Chance to build bonds
With the old and the new
And think about things,
And new ways to do.

Virtual cocktails,
And dinner with friends,
Thanks to technology
They'll not be an end.

To enjoy one another,
In unusual ways,
To fill all our time
These self-distancing days.

A Plague is Upon Us,

We'll not fall before it.
Move forward as one,
Not simply ignore it.

And although we were late
To give it much thought
We'll move on together
As this battle is fought.

Tom Addison
March 21, 2020

COVID 19*The Nightly Whitehouse Briefing*

How can it be that our country is free
A Beacon of hope and enlightenment?
When out of the east, comes this tamable beast,
That given our talent we should delight-in-it.

But instead of a plan, we squandered the span,
From December to March as we dance,
Between "it must be a joke, fake news or a hoax"
As it moved through Korea then France.

"It will soon go away, whatever I say,
I was first to call a pandemic,
While Rome burns I fiddle, how 'bout a riddle?
This virus I soon will condemn it!"

"Let's open the stores, our nation abhors,
A stock market fall through the flooring,
Although people may die, I can't tell a lie
I don't trust the science... it's boring"

"It's vents that we need, I think that indeed
I'll just tell GE to make em."
But it's gowns gloves and mask, to finish a task
If you have them our workers will take em!

"Gee folks look at me, I'm on the TV,"
Says our leader in charge of affairs.
"I can insult, and make jokes, about all kinds of fake folks,
While people admire my hair!"

They say that a crisis, defines the decisive
And during such times one must rise.
But what many have feared, through most of his years
Is displayed every night, about five.

He can't get it right, despite every night,
Having input from all the top brains,
Please give us a break from his nightly mistakes,
So we don't have to do this again.

But as we proceed, people in need,
Get love, food and care from the others,
It seems population, throughout this fine nation
Has risen to care for their brothers.

And in spite of it all, this country won't fall,
For lies, jokes and crazy Fox News!
As we've done in the past, truth rises at last
And we're graced with more moderate views.

And science will lead, in thought word and deed,
As we struggle this latest disaster,
Proving that in spite of the lies, together we rise
And this crisis we'll eventually master.

Tom Addison
April 1, 2020

Opening Day 2020
Baseball in Trumplandia

The boys of summer playing children's games,
Are silent today.
No fresh cut grass, no crack of the bat
Instead we stay
Away from each other.

On opening day, hope springs eternal
This is our year!
But in view of the plague
No strikes, no balls,
No green monster, and all we hold dear.

Instead we watch, the orange monster
Con man supreme
Playing with lives, telling lie after lie
Blaming others
As many more die.

He reeks of incompetence, just when we need
Cool, quiet leadership
But what we have indeed
Is Chaos!

An Opening Day like never before. It's our Pearl Harbor
We must be at war,
But the commander in chief,
Has fallen asleep
In circles he talks
"Was that just a balk?"

But beyond this misfortune, the Boys of summer
Will soon again play
And that wonderful day
Can't come soon enough!

Tom Addison
March 26, 2020

SWJPCC Journal - Volume 21 Issue 1

Volume 21, Issue 1							
Title (Click on title to open the manuscript, CME in Bold)	Journal Section	First Author	Year	Vol	Issue	Pages	Date Posted
Lack of Natural Scientific Ability	Editorials	Robbins RA	2020	21	1	15-22	7/18/20
Migratory Breast Implant: A Case Report and Brief Review	Imaging	Benjamin B	2020	21	1	11-14	7/15/20
Medical Image of the Month: Diaphragmatic Eventration	Imaging	Littlefield L	2020	21	1	9-10	7/2/20
July 2020 Critical Care Case of the Month: Not the Pearl You Were	Critical Care	Chan Y-M	2020	21	1	1-8	7/1/20
Looking For...							