

SITREP

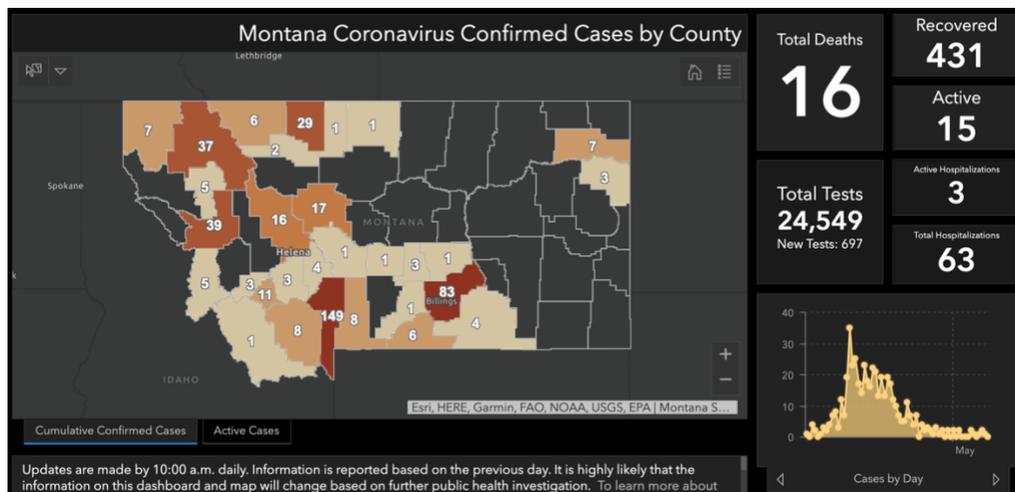


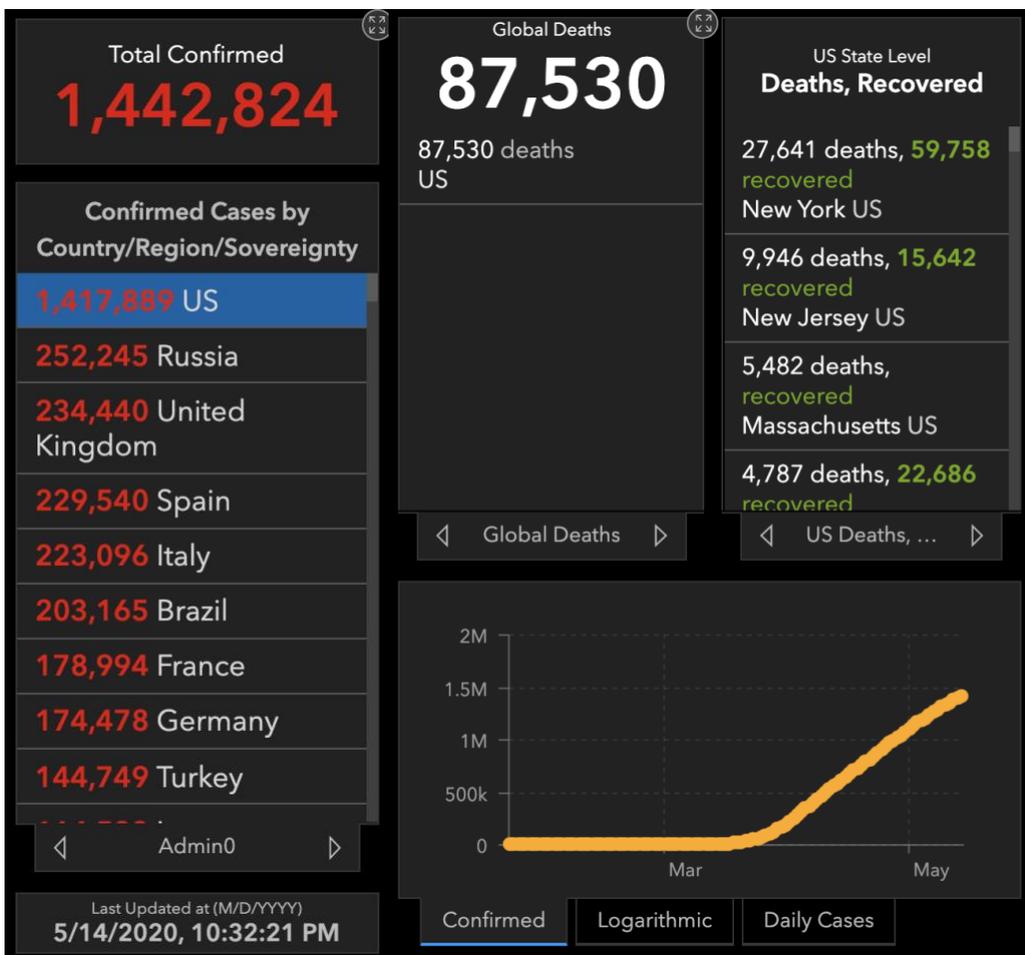
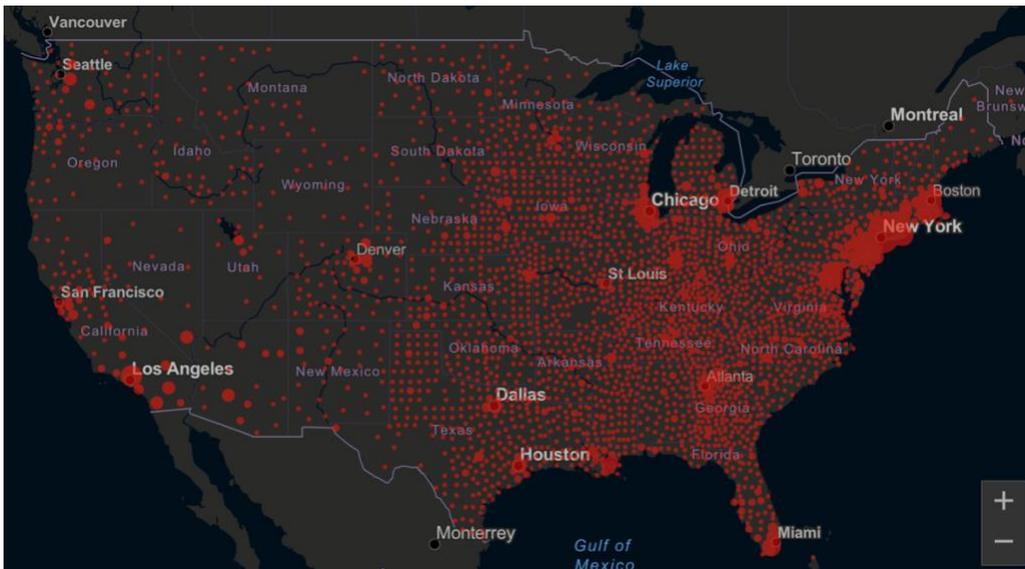
Montana Hospital Association - Situation Report

May 15, 2020

COVID-19

| REPORTED CASES | |
|---|------------------|
| Montana <i>New in last 24 hours: +4</i> <i>Active Cases: 19 (Last 24hrs: +4)</i> <i>Recovered: 431 (Last 24hrs: +0)</i> <i>Hospitalizations, Total: 63 (Last 24hrs: +0)</i> <i>Hospitalizations, Active: 3 (Last 24hrs: +0)</i> <i>Deaths: 16 (Last 24hrs: +0)</i> Source: Montana COVID-19 Dashboard | 466 |
| United States <i>New in last 24 hours: 24,935 (+2%)</i> Source: Johns Hopkins CSSE Global Outbreak Dashboard | 1,442,824 |
| WA | 17,951 |
| ID | 2,351 |
| WY | 716 |
| ND | 1,761 |
| SD | 3,887 |





OPERATIONS

Trump Administration announces details on “Operation Warp Speed.” The Trump Administration today [announced](#) details of Operation Warp Speed, the administration's national program to accelerate the development, manufacturing, and distribution of COVID-19 vaccines, therapeutics, and diagnostics (medical countermeasures).

Study looks at impact of certain social distancing measures. Shelter-in-place orders and the closure of restaurants, bars and entertainment-related businesses helped to slow the spread of COVID-19 between March 1 and April 27, according to a [study](#) published yesterday by Health Affairs.

CDC warns of rare pediatric condition stemming from COVID-19. The CDC yesterday issued a [health advisory](#) warning of COVID-19-associated multisystem inflammatory syndrome in children (MIS-C). CDC recommends that healthcare providers report "any patient who meets the case definition to local, state, and territorial health departments to enhance knowledge of risk factors, pathogenesis, clinical course, and treatment of this syndrome." The agency provides the following case definition for potential MIS-C patients:

- Individuals under the age of 21 presenting with fever, laboratory evidence of inflammation and evidence of clinically severe illness requiring hospitalization, with multisystem organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); **and**
- No alternative plausible diagnoses; **and**
- Positive for current or recent SARS-CoV-2 infection by reverse transcription polymerase chain reaction, serology or antigen test; or COVID-19 exposure within the four weeks prior to the symptoms' onset.

FDA: Abbott point-of-care test may return false negative results. Based on early data, the Abbott ID NOW point-of-care test to diagnose COVID-19 may return false negative results, the FDA [announced](#) yesterday, adding that it will continue to review data as the company conducts post-market studies to better understand the cause. "This test can still be used and can correctly identify many positive cases in minutes," said Tim Stenzel, M.D., director of the In Vitro Diagnostics and Radiological Health Office at FDA's Center for Devices and Radiological Health. "Negative results may need to be confirmed with a high-sensitivity authorized molecular test."

FDA authorizes infusion pumps' emergency COVID-19 use, sets guidance for pharmacy compounders' PPE usage. The FDA Wednesday [authorized](#) the emergency use of infusion pumps to counteract insufficient supplies needed for the continuous infusion of medications, total parenteral nutrition and other fluids into COVID-19 patients. The agency said this includes infusion pumps with remote monitoring or remote manual control features that can help promote safe physical distances to reduce healthcare providers' COVID-19 exposure.

FDA also updated its [guidance](#) for pharmacy compounders' use of personal protective equipment. The guidance, released yesterday, clarifies that intended-sterile drugs can be compounded in segregated compounding areas that are not within cleanrooms, assuming specific beyond-use dates are utilized. The agency said it adopted this policy to help assure patients' access to necessary medications while reducing the risks of compounding when standard PPE are not available.

PLANNING

May 17 deadline approaching: Nursing home notification requirements of COVID-19 cases among residents and staff. On April 19, CMS announced the agency will be requiring facilities to report COVID-19 information to the CDC and to families. Within three weeks of that announcement, on April 30, CMS issued an [Interim Final Rule](#) with Comment Period with new regulatory requirements. With the new regulatory requirements, nursing homes are required to report the first week of data to the CDC beginning May 8 but no later than May 17. For the first time, all 15,000 nursing homes will be reporting this data directly to the CDC through its reporting tool. CMS will be publicly posting this information.

In order to report, facilities must enroll in the CDC's National Healthcare Safety Network (NHSN). Information on how to enroll is available [here](#).

State announces changes to data reporting. DPHHS announced the following changes to data reporting effective May 11:

- PPE Survey Tool has been discontinued. All PPE reporting will be done in EMResource.
- COVID hospitalization data loaded into the NHSN site will be optional for those facilities that use NHSN regardless of COVID-19 and the Formstack survey will be discontinued.
- Juware/EMResource:
 - Will be updated to allow reporting of COVID-19 patients.
 - COVID-19 Hospitalization bed categories will be added to EMResource.
 - Hospitals will update beds and vents daily.
 - Hospitals will report PPE every Friday.
 - Long-term care facilities can reduce their bed and PPE reports to the Regional Coordinators to Fridays only. Regional Coordinators will email out a survey link weekly to each facility for bed and PPE data.
- Local DES Coordinators will continue to report their local PPE caches weekly to State DES.

- For questions, please contact your [Regional Coordinator](#).

LOGISTICS

Updated: NIOSH information on counterfeit respirators. NIOSH today updated its [webpage](#) on Counterfeit Respirators/Misrepresentation of NIOSH-Approval.

Save used N95 masks: No-cost service to decontaminate N95 masks. The [Battelle presentation](#) from the May 8 webinar includes an overview and FAQs on the program. This no-cost service to Montana healthcare providers allows reuse of N95 masks up to 20x.

Submit PPE needs to DES coordinator in order to ensure allocation. In order to receive an allocation of emergency PPE, healthcare organizations MUST [submit needs to their local DES coordinator](#). Allocation is ongoing and supplies are limited.

FINANCE & ADMINISTRATION

Hospitals: Physician Time Studies During the COVID-19 PHE. Hospitals that incur physician compensation costs must allocate those costs based on the percentage of total time spent furnishing: 1) Part A services; 2) Part B services; and 3) Non-Medicare allowable activities.

Hospitals must submit physician allocation agreements annually as part of the cost report filing process. During the Public Health Emergency (PHE), any one of these time study options is acceptable:

- One-week time study every 6 months (two weeks per year)
- Time studies completed in the cost report period prior to January 27, the PHE effective date (e.g. hospital with a 7/1/2019 -- 6/30/2020 cost reporting period, could use the time studies collected 7/1/2019 through 1/26/2020; no time studies needed for 1/27/2020 -- 6/30/2020)
- Time studies from the same period in CY 2019 (e.g., if unable to complete time studies during February through July 2020, use time studies completed February through July 2019)

For more information, see the [Provider Reimbursement Manual](#): Chapter 21, section 2182.3.E.3 - allocation agreements; Chapter 23, section 2313.2.E and Chapter 21, section 212182.3.E - instructions for time studies.

COMMUNICATIONS

Call recordings and webinar playbacks. Missed a call or webinar promoted in MHA's daily COVID-19 Call & Webinar Alert? Many are recorded, and are [posted here](#) once available.

COVID-19 Resource Library. MHA has built a [library](#) of helpful resources and sample material from other hospitals, healthcare organizations and states in their response to COVID-19.

HHS hospital-specific COVID-19 questions: HospitalCOVID19@hhs.gov

SITREP Archive. Daily Situation Reports archived [here](#).

State of Montana COVID-19 Hotline: 1-888-333-0461

Montanans can also email questions to covid19info@mt.gov. State public health officials will be responding to inquiries from 8 a.m. to 5 p.m. Monday to Friday.

MHA Incident Management Team: esf8@mtha.org

REFERENCE LINKS

GENERAL

Contact Information: [County & Tribal Health Departments](#)

Contact Information: [County & Tribal DES Coordinators](#)

[MHA COVID-19 Member Resources](#)

[State of Montana COVID-19 Information](#)

[Centers for Disease Control and Prevention COVID-19 Information](#)

[Healthcare Professionals Preparedness Checklist](#) (CDC)

[Hospital Preparedness Tool](#) (CDC)

[COVID-19 FAQs for Healthcare Providers](#) (CDC)

[MHA Consensus Statement on the Cancellation of Elective Procedures](#)

[MHA Consensus Statement on the Resumption of Elective Procedures](#)

[Summary of Funding Opportunities for Hospitals](#) (MHA)

[CDC What's New](#) (CDC)

EMS

[EMS Infectious Disease Playbook](#) (ASPR/TRACIE)

[Montana EMS Guidance](#) (DPHHS)

REGULATORY

[EMTALA Requirements and Implications Related to COVID-19](#) (CMS)

[PHI Guidance for COVID-19 First Responders](#) (OCR/HHS)

[Summary of COVID-19 Emergency Declaration Waivers and Flexibilities](#) (CMS)

[Provider-specific Fact Sheets on Waivers and Flexibilities](#) (CMS)

CLINICAL CARE

[March 24 Memo to Montana Healthcare Providers on COVID-19 Testing](#) (DPHHS)

[Evaluating and Testing Persons for COVID-19](#)(CDC)

[Guidelines for Collecting, Handling and Testing Clinical Specimens](#) (CDC)

[March 26 Diagnostic Testing Update re: Swabs](#) (FDA)

[Clinical Guidance for Management of Patients with Confirmed COVID-19](#) (CDC)

[COVID-19 and Underlying Medical Conditions](#) (CDC)

FAQs: [Higher Risk Persons](#) & [Underlying Conditions](#) (CDC)

[Discontinuation of Transmission-Based Precautions of Patients with COVID-19](#)
(CDC)

[Caring with Limited Resources during the COVID-19 Crisis](#) (AHA)

[Optimizing Ventilator Use during the COVID-19 Pandemic](#) (HHS)

[Symptom-based Strategy to Discontinue Isolation for Persons with COVID-19](#)
(CDC)

LONG-TERM CARE & RETIREMENT COMMUNITIES

[Guidance for Retirement Communities and Independent Living](#) (CDC)

[Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities](#) (CDC)

[COVID-19 Checklist: Older Persons](#) (CDC)

[COVID-19 Long-Term Care Facility Guidance](#) (CMS)

TELEHEALTH

[Medicare Telehealth FAQ](#) (CMS)

[Montana Medicaid Coverage & Reimbursement Policy for Telehealth Services \(DPHHS\)](#)

[Telehealth Toolkit for General Practitioners \(CMS\)](#)

[Telehealth Toolkit for Providers of End-Stage Renal Disease Patients \(CMS\)](#)

Watch: [“COVID-19 Telehealth Waiver Made Simple” \(PYA\)](#)

[Telehealth Toolkit for Long-Term Care Nursing Home Facilities \(CMS\)](#)

[Informational Bulletin: Utilization of Telehealth for Treatment of SUDs \(CMS\)](#)

Watch: [CMS Telehealth FAQ video \(CMS\)](#)

INFECTION PREVENTION & CONTROL

[Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings \(CDC\)](#)

[Additional Guidance for Infection Control and Prevention of COVID-19 in Home Health Agencies \(CMS\)](#)

[Additional Guidance for Infection Control and Prevention of COVID-19 in Dialysis Facilities \(CMS\)](#)

[Additional Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes \(CMS\)](#)

[Additional Guidance for Infection Control and Prevention of COVID-19 by Hospice Agencies \(CMS\)](#)

PPE

[Strategies for Optimizing the Supply of PPE \(CDC\)](#)

[Strategies for Optimizing the Supply of N95 Respirators \(CDC\)](#)

[Extending the Use and/or Reusing Respiratory Protection During Disasters \(APIC\)](#)

[Temporary Enforcement Guidance – Healthcare Respiratory Protection \(OSHA\)](#)

[PPE Supply Equivalents & Price Guide \(AHRMM\)](#)

[Conserving Facemasks and Respirators During a Critical Shortage \(TJC\)](#)

[PPE Burn Rate Calculator \(CDC\)](#)

[PPE Emergency Use Authorizations \(FDA\)](#)

[Decontamination and Reuse of Filtering Facepiece Respirators \(CDC\)](#)

WORKFORCE PROTECTION & SUPPORT

[Management of Healthcare Personnel with Potential Exposure to Patients with COVID-19](#) (CDC)

[Criteria for Return to Work for Healthcare Personnel](#) (CDC)

[Montana Hospital Mutual Aid System Memo & Agreement](#)

[COVID-19 Safety Training Resources](#) (NIH)

[COVID-19 and the American Workplace Toolkit](#) (US Dept. of Labor)

[Memo on Registration for Out-of-State Licensees](#) (MT DLI)

[FFCRA FMLA and Paid Leave FAQs](#) (US DOL)

[MHMAS Volunteer Registration System](#)

COMMUNITY MITIGATION STRATEGIES

[Mitigation Strategies for Communities with Local COVID-19 Transmission](#) (CDC)

[Tips to Keep Children Healthy While School's Out](#) (CDC)

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