

# SITREP



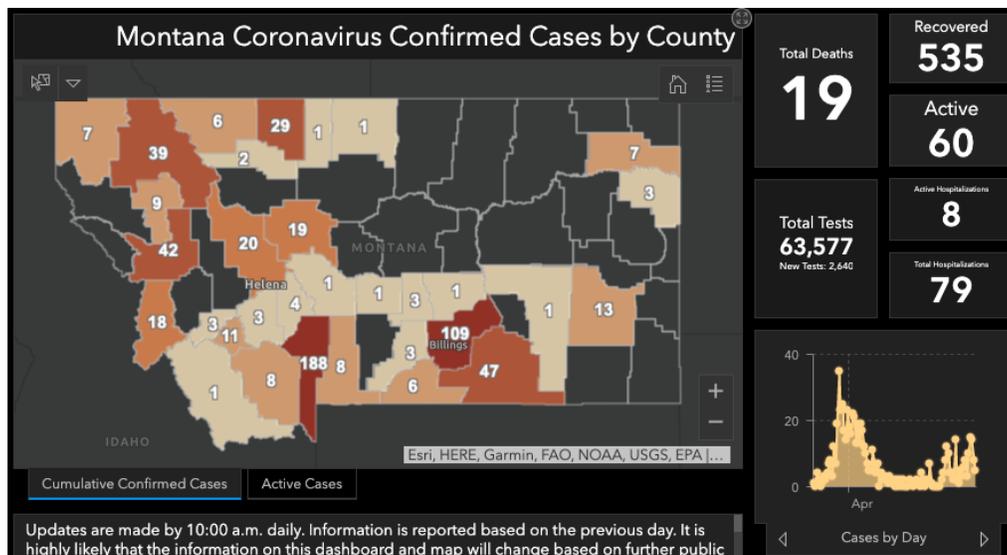
MONTANA  
HOSPITAL  
ASSOCIATION

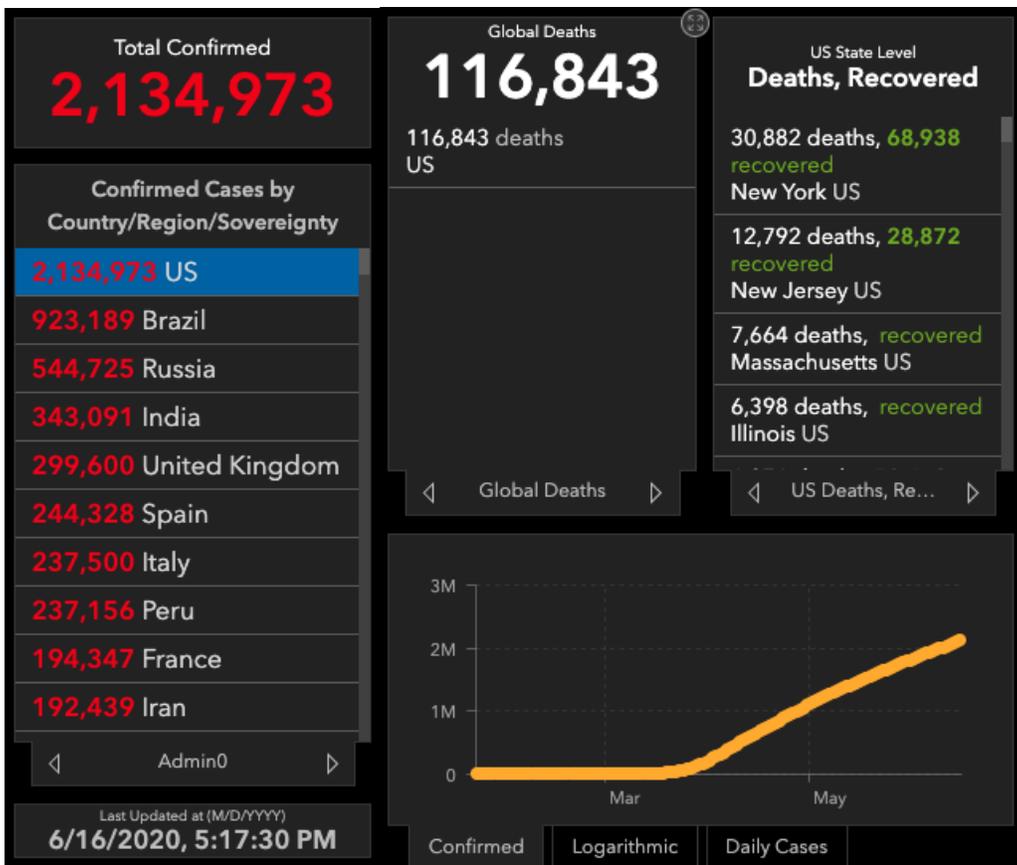
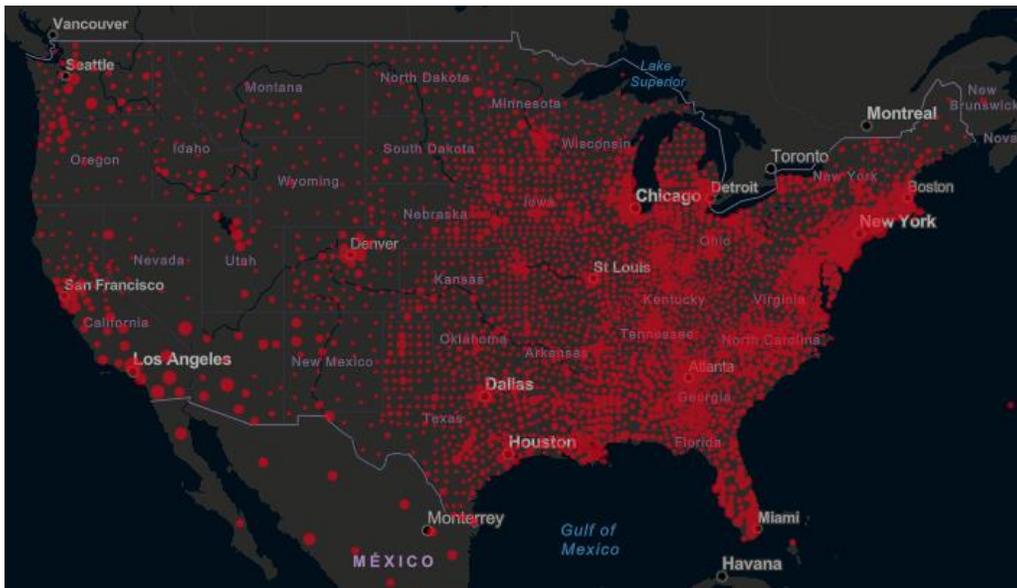
## Montana Hospital Association - Situation Report

June 16, 2020

# COVID-19

REPORTED CASES	
<b>Montana</b> <i>New in last 24 hours: 5 (+1%)</i> <i>Active Cases: 60 (Last 24hrs: -20)</i> <i>Recovered: 535 (Last 24hrs: +25)</i> <i>Hospitalizations, Total: 79 (Last 24hrs: +1)</i> <i>Hospitalizations, Active: 8 (Last 24hrs: +1)</i> <i>Deaths: 19 (Last 24hrs: +0)</i> Source: <a href="#">Montana COVID-19 Dashboard</a>	<b>614</b>
<b>United States</b> <i>New in last 24 hours: 24,182 (+1%)</i> Source: <a href="#">Johns Hopkins CSSE Global Outbreak Dashboard</a>	<b>2,134,973</b>
<b>WA</b>	<b>26,158</b>
<b>ID</b>	<b>3,462</b>
<b>WY</b>	<b>1,089</b>
<b>ND</b>	<b>3,124</b>
<b>SD</b>	<b>5,966</b>





**Congress urged to make telehealth expansion permanent.** A bipartisan group of 30 senators yesterday urged congressional leaders to make permanent provisions included in previous COVID-19 legislation to expand access to telehealth services for Medicare beneficiaries.

"Doing so would assure patients that their care will not be interrupted when the pandemic ends," they said in a [letter](#) to Senate leaders. "It would also provide certainty to healthcare providers that the costs to prepare for and use telehealth would be a sound long-term investment."

The Coronavirus Preparedness and Response Supplemental Appropriations Act and Coronavirus Aid Relief and Economic Security Act authorized expanded access to telehealth services during the COVID-19 emergency.

## OPERATIONS

**UK reports first COVID-19 treatment to reduce mortality in hospitalized patients with respiratory complications.** In a clinical trial of hospitalized patients in the United Kingdom, low-dose dexamethasone (a steroid) reduced deaths by one-third in ventilated patients and one-fifth in patients receiving oxygen only, the UK's National Institute for Health Research [reported](#) today. Sir Patrick Vallance, chief scientific adviser for the UK government, said the news was "particularly exciting as this is an inexpensive widely available medicine."

The [study](#) randomized more than 2,100 patients to receive dexamethasone 6 mg once per day for 10 days as part of a clinical trial testing a range of potential COVID-19 treatments in National Health Service hospitals. It found no benefit from the drug for patients who did not require respiratory support. The Oxford University researchers plan to publish the study details soon.

**FDA warns of potential drug interaction between remdesivir, hydroxychloroquine.** The FDA yesterday [said](#) chloroquine phosphate and hydroxychloroquine sulfate could reduce remdesivir's antiviral activity. As a result, FDA, citing a non-clinical lab study, does not recommend co-administration of the drugs. The agency yesterday revoked emergency use authorizations for chloroquine and hydroxychloroquine for COVID-19 treatment.

**Plan for COVID-19 vaccines detailed in Operation Warp Speed fact sheet.** HHS today released an [Operation Warp Speed fact sheet](#). The fact sheet details the plan for development, manufacturing, and distribution of COVID-19 vaccines, therapeutics, and diagnostics by January 2021.

**Study updates data on COVID-19 hospitalizations for those with underlying health conditions.** COVID-19 hospitalizations were six times higher and deaths 12 times more likely for patients with reported underlying health conditions compared with those with none, according to a new CDC [study](#) released yesterday. The study's authors looked at outcomes from more than 1.3 million U.S. cases between Jan. 22 and May 30 and found the most common problematic underlying conditions include cardiovascular disease, diabetes and chronic lung disease. The report also notes that death was most common among patients over age 80, regardless of the presence of underlying conditions.

## PLANNING

**Continue resource reporting to State.** The following reporting requirements are in effect. For questions, please contact your [Regional Coordinator](#).

- **Hospitals:** Continue reporting to Juvare/EMResource as follows:
  - Daily: Bed and ventilator counts
  - Weekly (every Friday): PPE
  - Following treatment of COVID-19 patient(s): COVID-19 patient data, as directed by public health officials
- **Long-Term Care Facilities:** May 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.

## LOGISTICS

**Streamlined sign-up process for Battelle mask decontamination program.**

Battelle and Montana DES have simplified the sign-up process for participation in the Critical Care Decontamination System (CCDS) for NIOSH-approved N95 masks. Get started with the [4-step sign-up process](#).

**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](#).

## FINANCE & ADMINISTRATION

**HHS issues new FAQs on emergency relief fund reporting.** HHS recently updated its [FAQs](#) on the Coronavirus Aid, Relief, and Economic Security (CARES) Act emergency relief fund, with specific attention to provider reporting related to these funds.

Specifically, providers that have received emergency relief payments do not need to submit a quarterly report to HHS or the Pandemic Response Accountability Committee, according to the FAQs. The statutory requirement for quarterly reports related to these funds is being met by HHS' public release of the data on each payment it has distributed. The publicly available data on HHS' [Tracking Accountability in Government Grants System website](#) includes the name and payment amount for each provider that has attested to receiving the emergency relief funds and agreed to the Terms and Conditions (or has retained their payment for more than 90 days). HHS also is working with the Department of Treasury to post each provider's total emergency relief fund payment amount on this [website](#). HHS confirms that the public data releases satisfy the CARES Act reporting requirement.

However, according to the FAQs, providers are still required to submit any reports requested by the HHS Secretary that are necessary to allow HHS to ensure compliance with payment Terms and Conditions. As such, HHS will be requiring recipients to submit future reports relating to the recipient's use of its emergency relief payments. HHS will notify recipients of the content and due date(s) of such reports in the coming weeks.

**Federal Reserve Board proposes to expand Main Street Lending Program to nonprofit organizations, including hospitals.** The Federal Reserve Board yesterday [announced](#) it will seek public comments on a proposal to expand its Main Street Lending Program to provide access to credit for nonprofit organizations, including hospitals. The proposed expansion would offer loans to small and medium-sized nonprofits that were in sound financial condition before the COVID-19 pandemic and could benefit from additional liquidity to manage during the current pandemic.

Loan terms under the proposed Main Street nonprofit loans are the same as for Main Street business loans, but borrower eligibility requirements for the proposed nonprofit facilities would be modified to reflect the operational and accounting practices of the nonprofit sector. The minimum loan size is \$250,000, and the maximum loan size is \$300 million. Comments on the proposal are due June 22.

## 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](mailto: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](mailto: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](mailto:esf8@mtha.org)

## **REFERENCE LINKS**

### **GENERAL**

Contact lists and general sources of information on a wide range of COVID-19-related issues

[MHA COVID-19 General Resources page](#)

### **CLINICAL OPERATIONS**

Resources on infection prevention and control, EMS operations, telehealth operations and care for specific populations from federal and state resources

[MHA COVID-19 Clinical Operations page](#)

### **LONG-TERM CARE & RETIREMENT COMMUNITIES**

CDC and CMS resources specific to maintaining safe conditions in long-term care and retirement communities

[MHA COVID-19 Long-Term Care & Retirement Communities page](#)

### **SUPPLY CHAIN RESOURCES**

Resources from AHRMM, AHA, Intalere, CDC and other sources on sourcing, conserving and properly using PPE

[MHA COVID-19 Supply Chain Resources page](#)

### **WORKFORCE PROTECTION & SUPPORT**

MT DLI, CDC, OSHA and NIH toolkits, FAQs and other resources to protect employees and allow staff to return to work

[MHA COVID-19 Workforce Protection & Support page](#)

### **COMMUNITY MITIGATION STRATEGIES**

CDC resources on community mitigation strategies

[MHA COVID-19 Community Mitigation Strategies page](#)

### **FINANCE & ADMINISTRATION**

Guidance, fact sheets and other resources on regulatory waivers and flexibilities in addition to catalogued financing information related to the CARES Act and other COVID-19 funding assistance

[MHA COVID-19 Finance & Administration page](#)

## **COMMUNICATIONS**

Archive of MHA COVID-19 related communications as well as sample communications documents, toolkits and other resources from state and national levels

[MHA COVID-19 Communications page](#)

## **TESTING**

FAQs, recommendations and other CDC, FDA and MT DPHHS resources related to COVID-19 testing

[MHA COVID-19 Testing page](#)

## **PLANNING**

Best practices and planning documents from CDC, facilities on the front lines and MT DPHHS

[MHA COVID-19 Planning page](#)

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