

SITREP

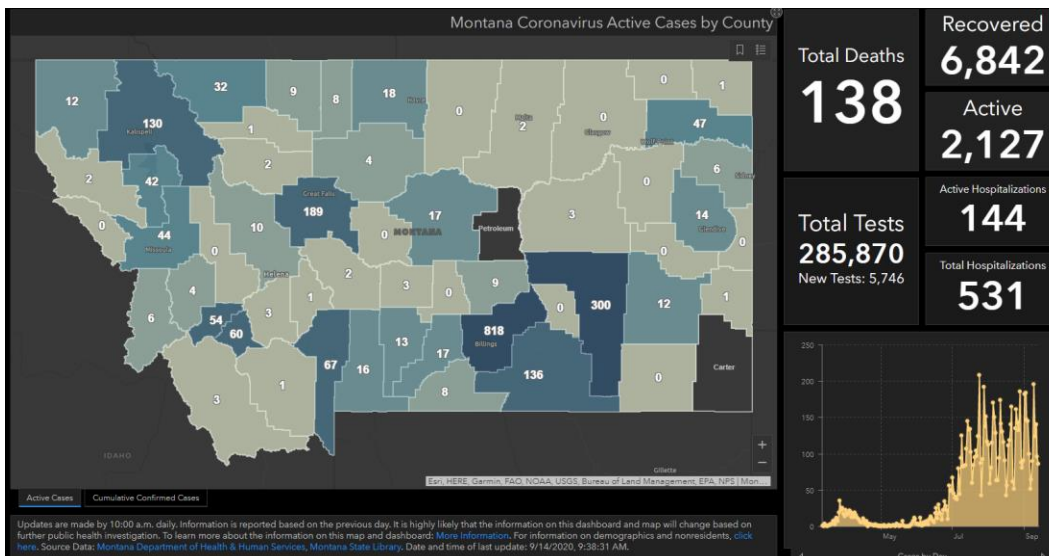


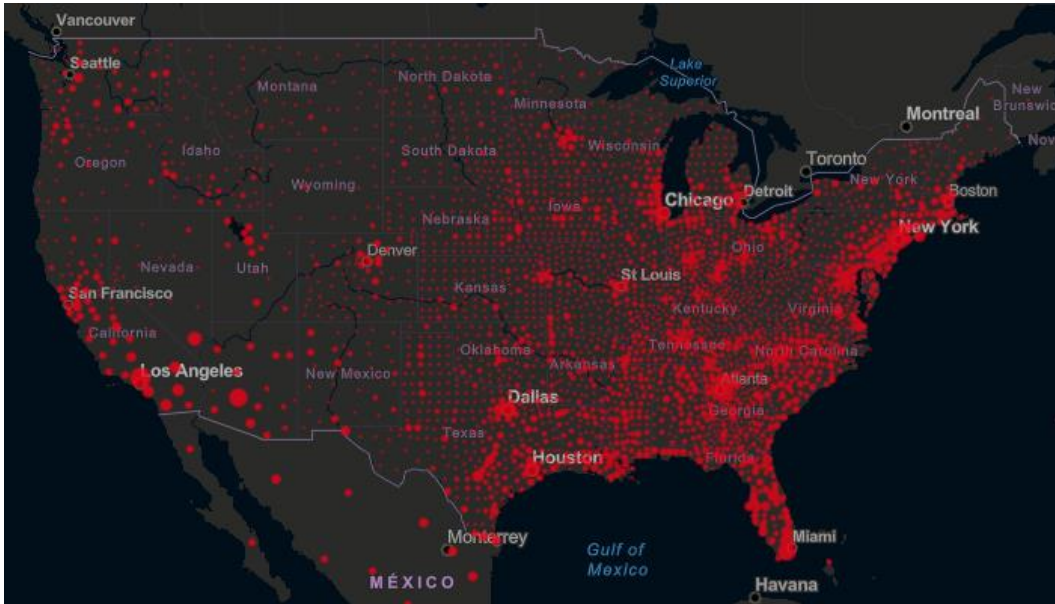
Montana Hospital Association - Situation Report

September 14, 2020

COVID-19

REPORTED CASES	
Montana <i>New in last 72hrs: 322 (+more than 1% avg. growth per day)</i> <i>Active Cases: 2,127 (+268)</i> <i>Recovered: 6,842 (+47)</i> <i>Hospitalizations, Total: 531 (+13)</i> <i>Hospitalizations, Active: 144 (+2)</i> <i>Deaths: 138 (Last 72hrs: +7)</i> Source: Montana COVID-19 Dashboard (Updated 10:00 a.m.)	9,107
United States <i>New in last 72hrs: 124,772 (+less than 1% avg. growth per day)</i> Source: Johns Hopkins CSSE Global Outbreak Dashboard	6,526,143
WA	79,826
ID	35,279
WY	4,346
ND	15,831
SD	16,638





OPERATIONS

CDC study: 4 in 10 US adults deferred medical care due to COVID-19 worries. According to the [study](#), 41% of US adults delayed or avoided medical care as of June 30. This includes urgent or emergency care (12%) and routine care (32%). The trend was more prevalent among unpaid caregivers for adults, individuals with underlying medical conditions, Black adults, Hispanic adults, young adults, and individuals with disabilities.

NIH launches clinical trials of COVID-19 blood-clotting treatments. NIH has [announced](#) the launch of two of three planned, worldwide phase 3 clinical trials of

varying types of blood thinners to treat adults with COVID-19. Trials will include hospitalized and non-hospitalized patients; the expected third trial will later focus on those discharged after hospitalization for moderate-to-severe disease.

COVID-19 infections tied to dining out. A CDC [study](#) revealed that adults with positive COVID-19 test results were approximately twice as likely to have reported dining at restaurants within 14 days of developing symptoms compared to those with negative test results. Visits to on-site eating and drinking establishments was a clear delineating factor between patients with positive test results and those without.

PLANNING

New HHS data reporting platform - Single data entry fulfills state and federal requirements. MHA has purchased a new HHS Data Reporting Platform with COVID-19 grant funding. This creates a single, secure data entry point to fulfill both state and federal requirements, including state PPE resource allocation and HHS Teletracking mandates. This new single-entry system is especially critical with CMS' new rules that require such reporting as a Condition of Participation for Medicare and Medicaid. Hospitals will face possible termination of Medicare and Medicaid payments if unable to correct reporting deficiencies. See the complete details on the new platform [here](#).

As of September 8, 2020 hospitals should utilize EMResource for statewide bed availability, PPE and Remdisivir data, as well as, all TeleTracking data points, including HHS lab testing. Upon entering HHS data into EMResource, Juvare will automatically upload data to TeleTracking on behalf of your facility daily. Facilities may continue entering their own data into TeleTracking if they choose. All laboratories conducting COVID-19 testing and reporting patient-specific results – including hospital labs, nursing homes, and other facilities conducting testing for COVID-19 – will be required to comply. If a laboratory does not report the required information, CMS will impose a civil monetary penalty in the amount of \$1,000 a day for the first day, and \$500 for each subsequent day.

Long-Term Care facilities must transition all PPE and bed reporting to EMResources as of October 1, 2020. The previous [weekly survey](#) hosted on Formstack will become inactive on October 1, 2020. Facilities that do not have access to EMResource should email contact information to hppcoordinators@mtha.org.

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

LOGISTICS

Comment sought on national EHMR strategy to ease demand on N95 masks. The National Institute for Occupational Safety and Health (NIOSH) of the CDC announced a request for information regarding the use of “elastomeric half-mask respirators” in healthcare settings during the COVID-19 pandemic. The Strategic National Stockpile (SNS) plans to purchase and deploy EHMRs to healthcare organizations to “ease the demand for single-use N95 FFRs in healthcare settings experiencing high numbers of COVID-19 patients.”

NIOSH is seeking Statements of Interest (SOI) from healthcare organizations to participate in EHMR demonstration projects. Participating organizations will receive a fixed quantity of EHMRs and the Best Practice Guidelines/Hospital Implementation Guide. Participants will be required to submit detailed reports on their experience using the EHMRs. NIOSH is also seeking information and ideas to refine and develop a national EHMR strategy and future demonstration project activities. The comment deadline is October 14, 2020.

Submit PPE needs to DES coordinator in order to ensure allocation. Until further notice, healthcare organizations MUST [submit needs to their local DES coordinator](#) in order to receive an allocation of emergency PPE.

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 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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