

SITREP

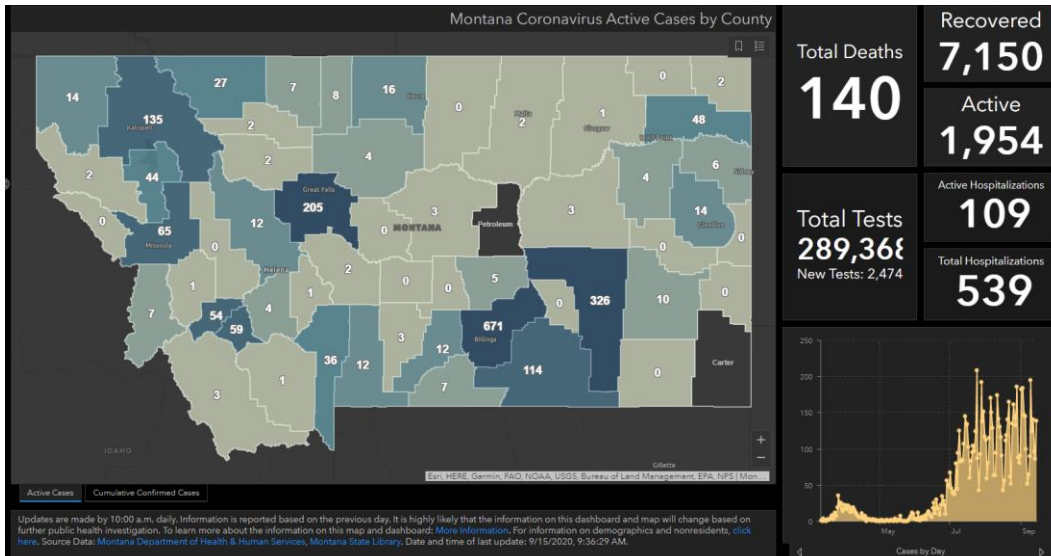


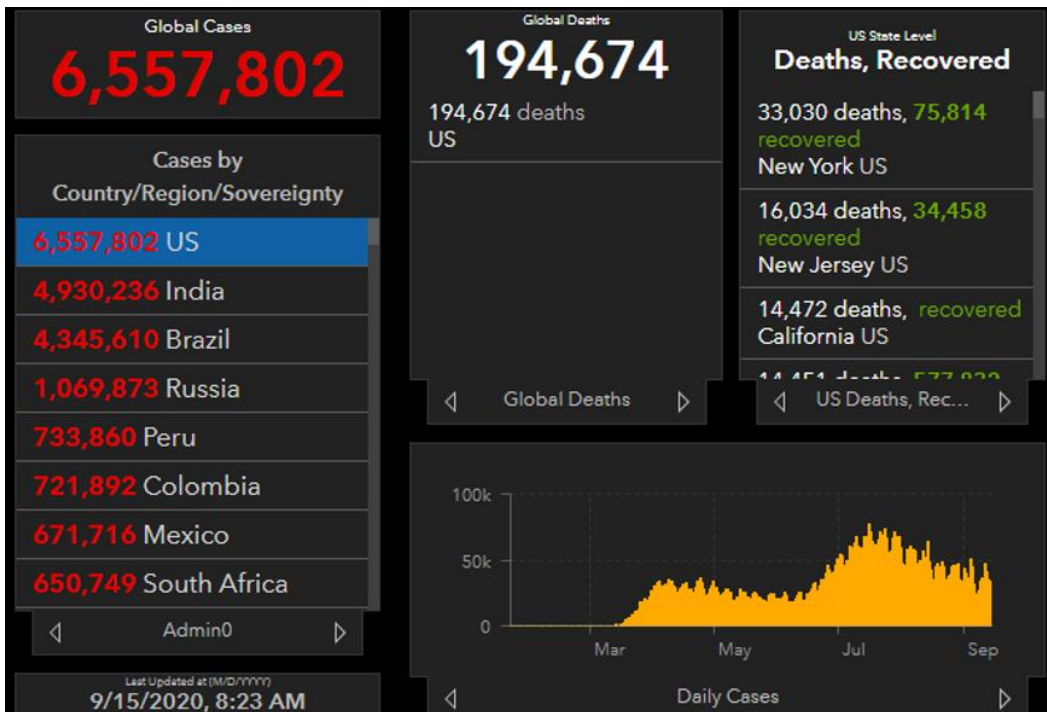
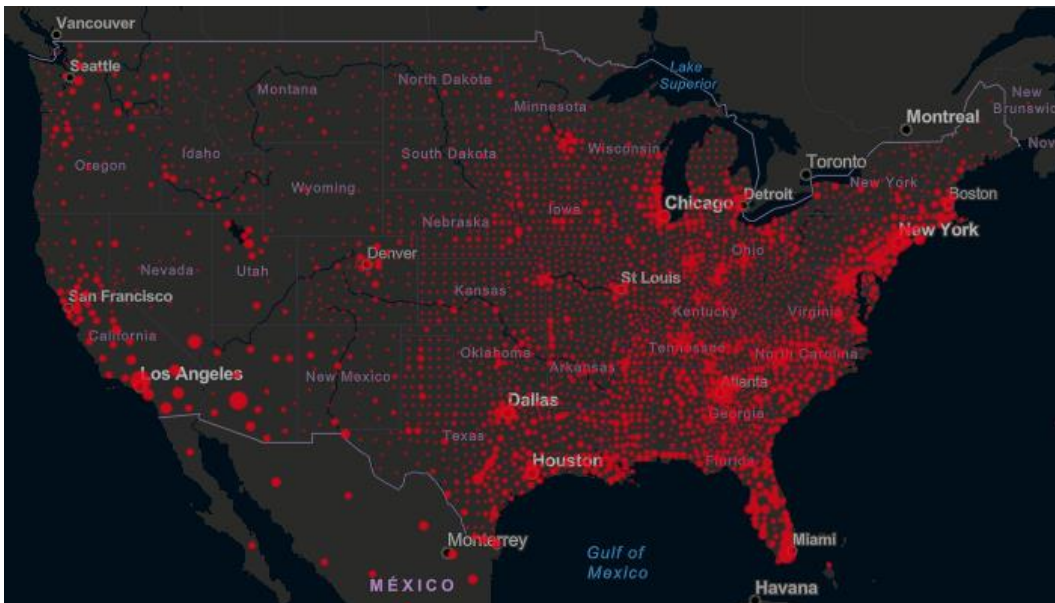
Montana Hospital Association - Situation Report

September 15, 2020

COVID-19

REPORTED CASES	
Montana <i>New in last 24hrs: 139 (+more than 1%)</i> <i>Active Cases: 1,954 (-173)</i> <i>Recovered: 7,150 (+308)</i> <i>Hospitalizations, Total: 539 (+8)</i> <i>Hospitalizations, Active: 109 (-35)</i> <i>Deaths: 140 (Last 24hrs: +2)</i> Source: Montana COVID-19 Dashboard (Updated 10:00 a.m.)	9,244
United States <i>New in last 24hrs: 31,659 (+less than 1%)</i> Source: Johns Hopkins CSSE Global Outbreak Dashboard	6,557,802
WA	80,138
ID	35,532
WY	4,394
ND	16,064
SD	16,801





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

DOL revises Families First Coronavirus Response Act rule expanding paid leave.

The Department of Labor has (DOL) [released](#) a [temporary rule](#) revising regulations implementing certain paid leave provisions through Dec. 31 under the Families First Coronavirus Response Act. In response to an Aug. 3 [federal court decision](#), the changes the definition of “health care provider” and reaffirms that employees may take FFCRA leave only if work would otherwise be available to them, and must have employer approval to take FFCRA leave intermittently, DOL said.

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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