

SITREP



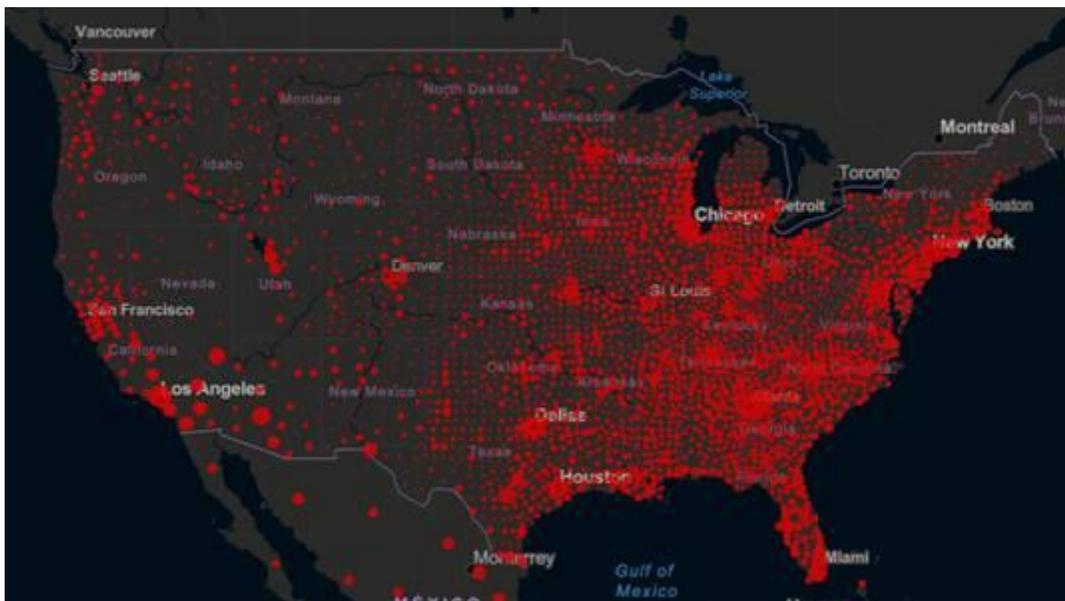
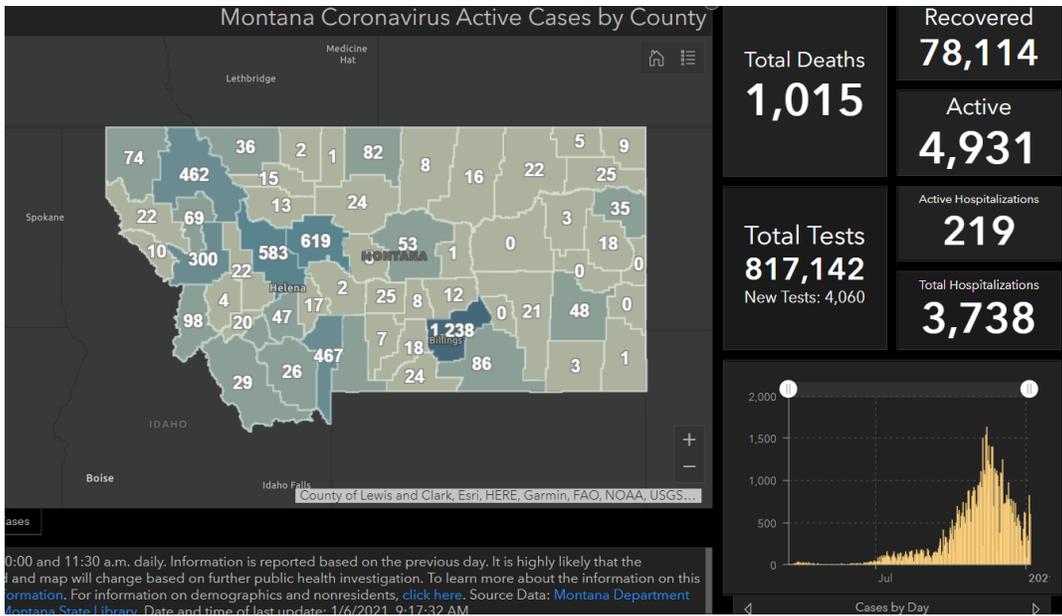
Montana Hospital Association - Situation Report

January 6, 2021

COVID-19

REPORTED CASES	
Montana <i>New in last 24hrs: 602 (+less than 1%)</i> <i>Active Cases: 4,931 (+7)</i> <i>Recovered: 78,114 (+665)</i> <i>Hospitalizations, Total: 3,738 (+52)</i> <i>Hospitalizations, Active: 219 (+7)</i> <i>Deaths: 1,015 (last 24hrs: +10)</i> Source: Montana COVID-19 Dashboard (Updated 10:00 a.m.)	84,060
United States <i>New in last 24hrs: 225,886 (+1%)</i> Source: Johns Hopkins CSSE Global Outbreak Dashboard	21,069,442
WA	258,767
ID	144,843
WY	45,569
ND	93,494
SD	101,076

See the latest Montana reports on [COVID-19 in Schools](#), [COVID-19 in LTC and Assisted Living](#), [Hospital Occupancy and Capacity](#) and the latest [State COVID-19 Epi Profile](#).
Source: [State of Montana DPHHS COVID-19 Demographics Webpage](#)





OPERATIONS

FDA urges adherence to specified intervals of mRNA COVID-19 vaccines. The FDA on Monday, Dec. 4 [reminded](#) the public of the importance of receiving COVID-19 vaccines in accordance to their agency authorizations, a process that FDA said will safely provide the “remarkable” levels of protection observed during large, randomized clinical trials. Both approved vaccines, of the mRNA type, are approved for administration via two separate doses, given at either three- or four-week intervals. “The available data continue to support the use of two specified doses of each authorized vaccine at specified intervals,” FDA said.

FDA warns of false-negative risk from Curative’s SARS-Cov-2 test. The FDA on Monday, Dec. 4 [warned](#) that Curative’s SARS-Cov-2 test could produce false results and that healthcare providers [should strictly follow its authorization and labeling](#). FDA reiterated that the real-time RT-PCR test must be limited to symptomatic individuals within 14 days of symptom onset; trained healthcare workers must directly observe the specimen collection; and that a negative result does not rule out COVID-19 infection. In addition, FDA said providers should consider retesting patients using a different test if they suspect an inaccurate result, with any problems with the test reported to the agency directly.

PLANNING

HHS issues updated COVID-19 data reporting guidance. HHS on Nov. 9 updated its [guidance to hospitals](#) on the reporting of COVID-19-related data. The guidance includes two key changes stemming from the CMS' Dec. 2 [interim final rule](#) expanding the requirement for hospitals to report COVID-19 data. Influenza data fields will be mandatory starting on Friday, December 18. Therapeutic data fields are now optional, but will likely be mandatory beginning on Friday, January 8.

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 single-entry system is especially critical with CMS' 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.

As of October 1, 2020 long-term care facilities must report all PPE and bed reporting to EMResources. The previous weekly is inactive on October 1, 2020. Facilities that need assistance should email hppcoordinators@mtha.org.

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

LOGISTICS

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

CDC updates COVID-19 Vaccination Communication Toolkit. The CDC recently updated its [COVID-19 Vaccination Communication Toolkit](#) for medical centers, clinics, and clinicians. Resources include social media resources, videos and FAQs as well as other digital and print resources.

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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