

COVID-19 Daily Report to Members ~ May 14, 2020



**GUIDELINES FOR OPENING UP IDAHO**



## Idaho moves to Stage 2

Today, Governor Little announced that Idahoans have done their part to help flatten the curve and Idaho is ready to move to the next stage of reopening. Under the [Idaho Rebounds plan](#), this means that restaurant dining rooms, salons and other personal care businesses, gyms, and recreation facilities can reopen if they are able to meet prescribed protocols.

An important part of Idaho's continued forward momentum will be increasing testing, specifically for front-line workers and others at risk. Governor Little reported that 40,000 test kits are expected to arrive this month.

As Idaho progresses to the next Stage, he remains concerned that Idahoans continue to take proper precautions. "Our personal choices matter," said Governor Little and he pointed to three goals as we move into Stage 2:

- Keeping Idahoans safe.
- Restoring the economic prosperity Idaho had 70 days ago.
- Doing everything we can so kids can go back to school in the Fall.

## Resources & Equipment

### Caring for those who care for us

An article published this week in the *New England Journal of Medicine* calls for actions to safeguard the health and well-being of clinicians. [Preventing a Parallel Pandemic - A National Strategy to Protect Clinicians' Well-Being](#), identifies both organizational and national actions needed to make sure the mental and physical effects of this pandemic don't further erode and irreparably damage our clinical workforce.

#### Organizational Actions

- Integrate the work of chief wellness officers or clinician well-being programs into Covid-19 "command centers" or other organizational decision-making bodies for the duration of the crisis.
- Ensure the psychological safety of clinicians through anonymous reporting mechanisms that allow them to advocate for themselves and their patients without fear of reprisal.
- Sustain and supplement existing well-being programs.

#### National Actions

- Allocate federal funding to care for clinicians who experience physical and mental health effects of Covid-19 service.
- Allocate federal funding to set up a national epidemiologic tracking program to measure clinician well-being and report on the outcomes of interventions.

### Governance resource ~ Beyond Bylaws

In this month's *Trustee Insights* newsletter, AHA shared information that may be of value for hospital trustees. Examining lessons learned during the pandemic, author Laura Orr, Chief Strategy and Governance Officer at Children's Wisconsin, provides four tenets that can be useful as boards respond to the current crisis and prepare for the future.

[Beyond Bylaws: Four Health Care Governance Lessons from COVID-19](#)

## Quality & Patient Safety

### Framework for Clinical Care

The CDC recently updated its [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the Pandemic](#). In addition to linking to a number of resources, the framework (below) also provides clinicians a planning template for their non-COVID-19 patients.

Table. [Framework for provision of non-COVID-19 health care during the COVID-19 pandemic, by potential for patient harm and degree of community transmission](#)

| Potential for patient harm  | Examples  | Substantial community transmission<br><i>Large scale community transmission, including communal settings (e.g., schools, workplaces)</i>                        | Minimal to moderate community transmission<br><i>Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases</i>  | No to minimal community transmission<br><i>Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting</i> |
|---|---|---|--|--|
| <b>Highly likely</b><br>Deferral of in-person care <i>highly likely</i> to result in patient harm | <ul style="list-style-type: none"> <li>• Signs/symptoms of stroke or heart attack</li> <li>• Dental emergencies</li> <li>• Acute abdominal pain</li> <li>• Treatment for certain cancer diagnoses</li> <li>• Well-child visits for newborns</li> </ul>    | Provide care without delay; consider if feasible to shift care to facilities less heavily affected by COVID-19.   | Provide care without delay; consider if your facility can provide the patient's care, rather than transferring them to a facility less affected by COVID-19.   | Provide care without delay while resuming regular care practices.  |
| <b>Less likely</b><br>Deferral of in-person care <i>may</i> result in patient harm                | <ul style="list-style-type: none"> <li>• Pediatric vaccinations</li> <li>• Change in symptoms for chronic conditions</li> <li>• Musculoskeletal injury</li> <li>• Certain planned surgical repairs</li> <li>• Physical or occupational therapy</li> </ul> | If care cannot be delivered remotely, arrange for in-person care as soon as feasible with priority for at-risk* populations. Utilize telehealth if appropriate. | If care cannot be delivered remotely, work towards expanding in-person care to all patients in this category. Utilize telehealth if appropriate.   | Resume regular care practices while continuing to utilize telehealth if appropriate.   |
| <b>Unlikely</b><br>Deferral of in-person care <i>unlikely</i> to result in patient harm           | <ul style="list-style-type: none"> <li>• Routine primary or specialty care</li> <li>• Care for well-controlled chronic conditions</li> <li>• Routine screening for asymptomatic conditions</li> <li>• Most elective surgeries and procedures</li> </ul>   | If care cannot be delivered remotely, consider deferring until community transmission decreases. Utilize telehealth if appropriate.                             | If care cannot be delivered remotely, work towards expanding in-person care as needed with priority for at-risk* populations and those whose care, if continually deferred, would more likely result in patient harm. Utilize telehealth if appropriate. | Resume regular care practices while continuing to utilize telehealth if appropriate.   |

\*Those with serious underlying health conditions, those most at-risk for complications from delayed care, and those without access to telehealth services.

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