Idaho Hospital Association

COVID-19 Daily Report to Members ~ May 22, 2020

Idaho statewide testing strategy

Today, Governor Little shared an expansive **plan to address testing across the state**. The product of weeks of work by the Testing Task Force, the COVID-19 Testing Recommendations establish key benchmarks that will support reducing spread as well as reopening Idaho's economy.

Expanded and focused testing is part of the Governor's Idaho Rebounds plan to successfully reopen the state. Contact tracing, continued community mitigation (including physical distancing and face coverings), enhanced hygiene and decontamination measures, supported isolation, and robust data intelligence are also important factors to continued success.

The task force is recommending an expansion of targeted molecular testing with more limited use of serologic testing (see **IHA's testing primer** for information on the types of testing currently available). Closing the gap between the current testing capacity (18,000-23,000/week) versus the identified need of 37,000/week was not addressed in the recommendations. During the conference, Dr. Christopher Ball, Administrator for the Idaho Bureau of Laboratories, noted the on-going efforts to increase testing capacity, including in rural communities. The statewide distribution of 15 Abbott test machines contributed to those efforts. He also noted that while there is still significant need across the country and globally, there has been increasing availability of testing supplies from manufacturers.

Hospital-based testing stands at approximately 3,100 tests per week but in discussions with those facilities that have equipment, the volume could ramp up to over 8,000 per week to help the state reach its need.

In order to leverage the testing capabilities, the report offers prioritized testing structures based on the amount of testing available. Healthcare workers, first responders, and hospitalized patients are identified as first-level priorities. In the report, it was noted that "Lines of communication between frontline healthcare providers, either individual entities or as part of a system, must remain wide open, bidirectional, and must continue to inform the state's decisions in response to this pandemic. While testing and data analysis of these results will be very useful in informing decisions, the Idaho Rebounds staged approach also requires adequate healthcare system capacity for care."

Reimbursement & Policy

Replay ~ Free Money With Strings Attached

IHA partnered with the Wyoming, Montana and New Mexico Hospital Associations and PYA to help members understand important details for receiving and utilizing CARES Act funding. The webinar, *Free Money With Strings Attached: CARES Act Considerations for Frontier States' Healthcare Provider Organizations*, highlights terms and conditions, proper uses of funding, and reporting. Access to the information has been provided to our members:

Slides
Recording

Resources & Equipment

Study ~ Estimating infection risk in healthcare workers

Healthcare workers (HCWs) are a healthcare facility's most important resource; ensuring the health and safety of these workers is key to Idaho's ability to manage and respond to the COVID-19 pandemic. Cheng et al. review available data evaluating SARS-CoV-2 infection in HCWs in their recent JAMA editorial, ***Estimating Coronavirus Disease 2019 Infection Risk in Health Care Workers***, including two studies describing nosocomial infection among HCWs in Wuhan, China and community infection among HCWs in the Netherlands.

In Wuhan, the infection rate was lowest among frontline HCWs caring for patients with confirmed or suspected COVID-19 (0.55%), and highest among HCWs who only cared for patients that did not meet clinical or epidemiological criteria for COVID-19 (1.65%). These results reinforce that robust infection control practices can keep nosocomial infection rates low among HCWs. However, the higher rate of infection among HCWs in "low-risk" areas might be attributed to transmission from subclinical or asymptomatic SARS-CoV-2 infection – especially when aerosol-generating procedures are performed. The authors suggest engineering and structural solutions to this issue.

Community-acquired COVID-19 among Dutch HCWs had a predominantly mild presentation; however, 62.79% of infected HCWs reported working in the hospital while being symptomatic. Awareness, early detection, and supportive employment policies can help minimize HCWs introducing additional risk in their facility.

The authors emphasize the need for local, national, and international guidance that will move the healthcare community towards 0 nosocomial SARS-CoV-2 infections, and that this guidance should emphasize – in particular – enforcement of infection control measures and regular training for HCWs.

When employed properly, data from Wuhan show how effective infection control measures can be in stopping the spread of SARS-CoV-2 and protecting HCWs and the communities they serve

New guidance for schools

This week, the CDC updated the **guidance for schools** as some resume on-campus operations and as others plan for Fall. The guidance is designed to help schools work in collaboration with state and local health officials to implement plans that are safe and meet the unique needs of each community. The guidance covers:

- Promoting behaviors that reduce spread
- Maintaining healthy environments
- Maintaining healthy operations
- Preparing for when someone gets sick

Quality & Patient Safety

Replay ~ CAH quality and infection control forum

IHA is teaming up with the Bureau of Rural Health & Primary Care and Comagine Health to provide bi-weekly forums for Idaho CAHs to share challenges, ideas, and lessons learned about COVID-19 in their communities. **This week's webinar** (accessible via Dropbox) offered guidance to hospitals related to COVID-19 federal and state data reporting requirements.

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