



## Reimbursement & Policy

### District health meeting cancelled over security concerns

This morning's Southwest District Health (SWDH) Board of Health special meeting was cancelled over security concerns. The agenda had included presentations from a hospital representative, an epidemiological data overview, and face covering research. These presentations were to be followed by a "discussion and possible decisions regarding mitigation strategies to slow the spread of COVID-19 (including but not limited to mass gathering size, visits to senior living facilities and congregate facilities, and face coverings)."

This is the second meeting that has been cancelled. SWDH officials **explained** after the last cancellation that protesters who had forcefully entered the building were refusing to wear face coverings and disrupting clinical service areas.

The district includes Adams, Canyon, Gem, Owyhee, Payette and Washington counties. The board is made up of commissioners from each of those counties and a physician representative. Canyon County is currently a COVID-19 hot spot and is second only to Ada County for total number of cases reported. Washington County recently announced their first COVID-19 related death.

The next meeting has been set for Thursday, July 23 at 10am (livestream will be available **here**). We encourage our members to share their insights and the urgent need for action to minimize the impacts of the epidemic with board members. In anticipation of the next meeting, SWDH is taking public comment via **this survey**, which is open until Wednesday at 12p.

Panhandle District Health held a special meeting on July 17th which was also the site of protests, but they were able to conduct the meeting. At one point, the meeting streaming was hacked and "no masks" appeared on presentation slides. The board declined to act on any face covering mandates at that meeting.

Central District Health, in Boise, was also the site of protests during their meeting but they were not disruptive as the meeting was being held virtually. At this time, Central District Health is the only health district to mandate face coverings. Other health districts around the state will also be taking up COVID-19 related items on their agendas in the coming days.

- Eastern Idaho Health District, today, at 5:30p MTN ~ **Agenda**
- South Central Public Health, Wednesday, at 12:30p MTN ~ **Agenda**
- Southeastern Idaho Health District, Thursday, at 11:30a MTN ~ **Agenda**
- Idaho North Central Public Health District, Thursday, 9a PAC ~ **Agenda**

### Pursuing additional emergency support for hospitals

As Congress reconvenes and the Senate works to finalize its COVID-19 relief package, AHA and the Coalition to Protect America's Health Care is executing a comprehensive multimedia strategy to advocate for America's hospitals, health systems and their patients and communities. National **television ads** launch this week, with heavy presence inside the Washington, D.C. Beltway, asking Congress to provide additional emergency COVID-19 relief to hospitals and health systems. Radio ads and a multi-platform social media presence are also being launched.

## Resources & Equipment

### The latest on hospital data reporting

With the rapid retirement of the CDC NHSN data reporting module for COVID-19 and the announcement of new methods to collect and report data over the last week, hospital data collection and availability have been **front page news**. This evolving issue has caused concern and confusion among the healthcare and public health sectors, but most importantly has disrupted surveillance efforts as Idaho has record numbers of hospitalized COVID-19 patients.

There has been some incorrect information as well as a lack of clarity about why this change is happening. IHA has been focused on the issue of data collection and reporting and its impacts on our hospitals for months, and wants to make sure you have the facts as we understand them today.

Last week, Idaho hospitals and those around the country were notified that they would no longer be able to meet federal reporting requirements through reporting to NHSN – either directly or, in Idaho, via the Idaho Resource Tracking System (IRTS). Instead, hospitals would need to enter or upload an expanded list of data items into TeleTracking on a daily basis, or via a state-based reporting system. Data from TeleTracking are directed to HHS PROTECT, the federal government's central data platform, and combined with data from other sources.

The updated daily reporting requirement includes inventories of PPE, testing supplies and therapeutics as well as COVID-related admissions and available beds. The list of reportable fields increased from approximately 30 to over 100.

While hospitals have always been asked to report data for each calendar day, hospital staff using NHSN were able to meet this requirement by retrospectively completing data for weekend or other days during the normal work week. In TeleTracking, this retrospective updating of data is not possible, which means that hospitals are being asked to report data 7 days per week.

TeleTracking is currently the one method for hospitals to submit their data to HHS PROTECT. Data submission via the state or EMR vendors is being explored. IHA is working with the Department of Health and Welfare to explore potential solutions for hospital reporting to make the process as beneficial and streamlined as possible while meeting federal and state mandates.

### FDA issues first EUA for pooled testing

On July 18, the FDA **re-issued its Emergency Use Authorization (EUA)** for the **Quest SARS-CoV-2 rRT-PCR test** to include use with pooled samples. Under the EUA, swab specimens from up to four individuals can be analyzed at once. The Quest molecular assay is the first COVID-19 diagnostic test to be **authorized** for use with pooled samples.

Sample pooling, the technique of combining samples from different patients in the same test "pool," is an important clinical and public health tool. This technique allows for testing people to be tested at once, reducing time to results and conserving critical resources. Aliquots (portions) of samples from multiple individuals are tested at once, and if the "pool" tests positive, an additional aliquot from each individual's original sample is tested individually to identify which specific individuals are positive.

The efficiency of sample pooling is affected by how likely it is that someone in the pool tests positive – something that is affected by prevalence of COVID-19 or other pathogen in the population being tested. The pooled sampling approach is most efficient when prevalence is low.

The Governor's Task Force is discussing how pooled sampling might best support public health in Idaho.

### Preventing face mask skin damage

A **recent study** evaluated solutions that may help prevent skin injury from extended use of face masks for healthcare staff. Using a device that measures friction and wear between two surfaces, researchers noted several substances that could reduce friction injury/damage for healthcare workers wearing masks for four hours or more. Commercially available products were categorized and tested (see page 5-6 of the paper). The authors reported long-lasting low friction was found when using talcum powder (Johnson & Johnson Baby Powder); a blend of coconut oil, cocoa butter, and beeswax (Squirrel's Nut Butter Anti-Chafe Salve); or a petrolatum-lanolin mixture (Elizabeth Arden Eight Hour Cream). Emollients and moisturizing creams were found to cause damage when wearing PPE for long durations.

## Quality & Patient Safety

### CDC updated guidelines ~ Transmission-Based

#### Precautions

As of July 17, the CDC updated its **Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)**, to include:

- A test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions, except in rare situations.
- For severely immunocompromised patients or patients with severe or critical illness, the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset or, for asymptomatic persons, 20 days after their initial positive SARS-CoV-2 diagnostic test.
- Other symptom-based criteria were modified as follows:
- decreased the amount of time since last fever without the use of fever-reducing medications – from "at least 72 hours" to "at least 24 hours" and
- changed symptom-related language to be more expansive from "improvement in respiratory symptoms" to "improvement in symptoms," which aligns with the expanding list of COVID-19 symptoms.

In the continuity of cases, a test-based strategy results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. Thus, for patients who are not severely immunocompromised and who had mild to moderate COVID-19 illness, Transmission-Based Precautions can be discontinued if:

- at least 10 days have passed since symptoms first appeared; and
- at least 24 hours have passed since last fever without the use of fever-reducing medications; and
- symptoms (e.g., cough, shortness of breath) have improved.

CDC guidelines also describe a symptom-based approach to discontinuation of transmission-based precautions for other patients, e.g. patients with severe to critical illness or who are severely immunocompromised, patients who were asymptomatic throughout their infection and not severely immunocompromised.

As reported in the **Decision Memo**, "an estimated 95% of severely or critically ill patients, no longer had replication-competent virus 15 days after onset of symptoms; no patients had replication-competent virus more than 20 days after onset of symptoms." A summary of current evidence and rationale for these changes is described in the **Duration of Isolation and Precautions for Adults with COVID-19 Decision Memo**.

## Virtual Meetings, Education & Updates

### Dr. Fauci to participate in AHA call

The AHA is hosting calls for hospital and health system leaders to provide the latest advocacy, regulatory and policy information and answer questions about the pandemic.

In addition to AHA leadership, Anthony Fauci, M.D., Director of the National Institute of Allergy and Infectious Diseases, will join this week's call.

Due to the number of participants, callers are encouraged to dial into the call at least 10-15 minutes in advance and to try calling again if a busy signal is received. A call replay will be available approximately three hours after the call concludes.

**Thursday, July 23 ~ 12:30-1:45p MTN / 11:30a-12:45p PAC**

Dial in: 800.469.8538 / code 43576#

Replay: 877-919-4059 / code 35820478# (replay available for 96 hours)

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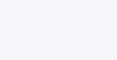


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