Idaho Hospital Association

COVID-19 Report to Members – August 20, 2020

Reports are sent on Mondays and Thursdays, unless there's breaking news.

Governor calls Legislature back to Boise

Governor Little has **called for a special legislative session** on Monday, August 24th to address two issues related to the COVID-19 pandemic:

- election law changes that are needed to facilitate a safe and secure November election during the pandemic, and
- changes to establish temporary and consistent standards for civil liability related to COVID-19 that will help Idaho's economy recover in a safe and responsible manner while encouraging careful planning, care and safety in responding to the pandemic.

IHA, along with many other Idaho businesses, supports the civil liability proposal, as written, and we urge you to contact legislators and ask them to vote yes.

Healthcare providers are on the frontline of Idaho's battle against COVID-19 and are critical to planning, preparation, testing, and treatment for patients. Whether it be suspension of surgeries, conservation and use of PPE, or adjustments to the way ICU beds are managed, Idaho hospitals are being forced to change the way they operate.

Providers are working overtime to do the right thing in this emergency but sometimes there may be a lack of clarity on what the right thing is. The constantly changing environment leaves providers vulnerable to legal challenges. We are not asking for blanket immunity for any situation; however, some protections for providers need to be put in place to address this increased liability risk.

The **legislative proposal** to be considered limits the liability of those trying to do the right thing in a declared coronavirus emergency.

- It protects those who make good faith decisions to change their behavior.
- It protects those who make good faith decisions although they cannot adapt their behavior but whose activities need to continue anyway.
- It makes it clear that people who make good faith efforts to comply with the law are protected for doing so.

The legislative proposal is not blanket immunity.

- It does not protect someone whose behavior is reckless or is an intentional wrongful act. Standards of care are not thrown out the window if this legislation passes.
- It does not protect someone who intentionally refuses to comply with the law.
- It has been amended from the prior draft to clarify that it applies only to tort liability, not to contract obligations nor does it bar someone from challenging the lawfulness or constitutionality of a statute, rule or order.

The legislation is temporary, only effective during a declared coronavirus emergency, and sunsets in 2023. This is measured, reasonable legislation. Please let your legislators know that you support it and hope they will too.

It's important to note that, although the Legislature's Judiciary and Rules Working Group voted to recommend the legislation for this special session, there was a lack of consensus as to whether it should pass. Legislators need to hear from healthcare and business leaders on this issue.

Please click on the link below to contact your legislator and ask that they vote yes on the civil liability legislation as written.

Support immunity for Idaho hospitals and businesses

Governor's next press conference

Governor Little will be hosting a COVID-19 press conference Friday at 12p MTN / 11a PAC. A **live broadcast** will be streamed by Idaho Public Television and other providers.

Reimbursement & Policy

Option for reporting weekend data in TeleTracking

On August 12th, the American Hospital Association sent a Rural Health **Special Bulletin** that describes an option for reporting weekend data in TeleTracking. HRS has asked that hospitals make every effort to submit data on a daily basis. However, the agency is aware that some hospitals may not be able to report data each day, especially on weekends, due to staff or system updates. As a result, on July 29th, HHS updated its reporting guidance to offer a way for those hospitals using the TeleTracking reporting option to submit data from previous days, including weekends. If your hospital wishes to use this option, here is what you need to do:

1. Log in to TeleTracking.
2. Download the "New Entry" .csv file template named "covid19NewEntry.csv." Additional instructions can be found **here**.
3. Complete a separate template for each day you want to retroactively submit data for. Fill in all of the fields. If you wish to correct any data from a prior submission, you can use the same approach. You must fill in ALL fields for that day, even if you only want to correct data for a single item. In the case of corrections, you may wish to download your prior data, update the field or fields that need to be changed, then email the csv that includes your prior data with the updates. Include the "collection date" or date that the data are intended to update in the .csv file name.
4. Email the .csv files to **hhs-protect@teletracking.com** and tell them which date each file is intended to update. Including the date of collection in the file name will be an additional help to TeleTracking staff.
5. TeleTracking staff will upload these files to their backend database; at this time, there is no way for hospital staff to do this themselves.

If you have any questions, contact the TeleTracking Help Desk at 1-877-570-6903.

Quality & Patient Safety

Waiver crosswalk for rural facilities

CMS has released a document to boost understanding of the many CMS regulatory waivers and new rules issued in response to the global pandemic. **The Rural Crosswalk: CMS Flexibilities to Fight COVID-19** is geared toward CAH and other rural hospitals, rural health clinics, federally qualified health centers, and long-term care facilities. The document describes the significance of each provision and how its use may be crucial to meeting the needs of patients in rural communities. This guide will aid providers in preparing state waiver requests (that must be submitted to the Idaho Bureau of Facility Standards) to ensure compliance with both federal and state laws.

CMS resuming routine inspections

This week, CMS **announced** it will resume routine inspections of all Medicare- and Medicaid-certified providers and suppliers that were previously suspended as part of its response to the pandemic. In the guidance, CMS directed the resumption of onsite revisit surveys, non-immediate jeopardy complaint surveys, and annual recertification surveys. The agency also provided guidance on resolving enforcement cases that were previously on hold because of survey prioritization changes, and the temporary expansion of the desk review policy to include all noncompliance reviews except for IJ citations that have not been removed. State surveyors will resume inspections utilizing updated guidance, which includes the **COVID-19 Focused Infection Control Survey**.

Resources & Equipment

Rapid antigen tests to detect the presence of SARS-CoV-2

As of August 18, the FDA had issued three Emergency Use Authorizations (EUA) for **rapid SARS-CoV-2 antigen tests** to Quidel Corporation, Becton, Dickinson and Company (BD), and LumiraDx UK Ltd. These assays are authorized for use in CLIA-certified laboratories which meet requirements for performing high or moderate complexity tests, or for use in patient care settings operating under a CLIA Certificate of Waiver, i.e. as Point of Care tests.

The authorized antigen tests detect the presence of SARS-CoV-2 in material collected via nasopharyngeal or nasal swab specimens. These tests can provide results in 30 minutes or less. In part because rapid antigen tests have a higher limit of detection than molecular tests, i.e. they are less able to detect smaller amounts of virus, the currently approved rapid antigen tests are best used early during infection, when viral load is highest. Additionally, rapid antigen tests might be used in scenarios with high-risk individuals or individuals living in congregate settings. These applications of rapid antigen tests maximize the potential for effective clinical and public health interventions.

As mentioned, rapid antigen tests are less sensitive than their molecular/RT-PCR counterparts, meaning that they are more likely to inappropriately classify infected individuals as uninfected. Quidel and BD rapid antigen tests demonstrated 97% and 84% sensitivity, respectively, when compared to RT-PCR. Thus, it is important for clinicians and other health professionals to understand factors that might affect assay performance, and how to appropriately manage a patient with, for example, high clinical suspicion for COVID-19 but a negative antigen test. Rapid antigen tests have, however, demonstrated 100% specificity – similar to RT-PCR – meaning that false positive results are very unlikely.

The Idaho Department of Health and Welfare has published **Idaho Interim Guidance on Use of Rapid Antigen Tests for COVID-19**.

The Centers for Disease Control and Prevention also published **Interim Guidance for Rapid Antigen Testing for SARS-CoV-2**.

Finally, CDC guidance for laboratories conducting SARS-CoV-2 testing has been updated to reflect **rapid antigen testing guidance**.

Funding available for behavioral health triage

Idaho's Division of Behavioral Health has launched a new funding opportunity to establish **Emergency Department Psychiatric Triage Centers** (ED-PTCs). The ED-PTCs will provide health services during the pandemic to those suffering a behavioral health emergency, but who do not have a critical medical health need that would necessitate a hospital emergency department visit.

This funding will be used to stand up ED-PTCs in areas throughout Idaho seriously impacted by COVID-19 to meet community needs. The ED-PTCs must be able to conduct ED triage, provide the appropriate level of behavioral health interventions for patients requiring an in-patient level of care, and divert those with less acute needs to an alternative resource. This arrangement provides more availability of ED and hospital resources while still meeting the needs of behavioral health patients.

Applications are due by September 25 with award notifications expected by October 19. Individual awards will be at least $37,000 and up to $225,000. For additional information, contact **Anne Bloxham** (208.334.5527).

TaqPath COVID-19 test has risk of false results

This week, the FDA **alerted** labs and providers that a test kit by Thermo Fisher Scientific may produce false positive results. The FDA recommends that those using the TaqPath COVID-19 Combo Kit immediately update the software and take other steps to mitigate false results. Additional information will be released as it becomes available.

Click to get our COVID-19 Updates