

COVID-19 Report to Members ~ September 14, 2020

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

Idaho Rebounds progress

Governor Brad Little will review Idaho's latest metrics and discuss the state's progress on Friday, September 18 at 1p MTN / 12p PAC. Live streaming of the Governor's comments will be available on [Idaho Public Television](#).

Reimbursement & Policy

Senate relief bill not moving forward

A Senate proposal that would have provided additional funding for testing as well as for schools, small businesses, unemployment insurance, and child care failed to get the needed votes last week. The bill, introduced by Senate Majority Leader McConnell, was expected to cost approximately \$500 billion and was a much more pared down version than the legislation passed by the House earlier this summer.

Americans wary of seeking care

Last week, the CDC released the results of a [study](#) examining how Americans are responding to medical care in light of the on-going pandemic. According to a survey of nearly 5,000 adults conducted in late June, 41% reported delaying or avoiding medical care due to concerns about COVID-19. This includes both routine and emergency care, with more prevalence among subgroups including individuals with disabilities, those with underlying medical conditions, Black and Hispanic respondents, young adults and unpaid caregivers.

Quality & Patient Safety

Self-screening kiosks not an option for hospitals

As hospitals across the US continue to leverage technology in the fight against the spread of COVID-19, there's been increasing interest in utilizing self-screening kiosks for the active screening process of employees and visitors. These kiosks present a unique opportunity to decrease burden and streamline the process but, buyer beware! The kiosks alone do not meet the CDC's [current recommended guidelines](#) for active screening processes.

According to CDC guidance, hospitals should screen [everyone](#) (patients, healthcare workers, and visitors) entering the healthcare facility for symptoms or exposure to others and ensure they are practicing source control by:

- Actively taking their temperature and documenting the absence of symptoms. Fever is either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever.
- Asking them if they have been advised to self-quarantine because of exposure to someone with SARS-CoV-2 infection.

Additionally, the QSO-20-20-ALL document from CMS [COVID-19 Focused Infection Control Survey: Acute and Continuing Care](#) outlines the following upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspected COVID-19 cases?
- Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership/infection control?
- Facilities should limit visitation.
- Are facilities actively screening visitors (CDC currently recommends staff are checking for fever and signs and/or symptoms of respiratory infection, and other criteria such as travel or exposure to COVID-19)?
- What is your current screening criteria?
- Are permitted visitors instructed to frequently perform hand hygiene; limit their interactions with others in the facility; restrict their visit to the patient's room or other location designated by the facility; and offered personal protective equipment (PPE) as supply allows?

Hospitals are encouraged to remain hypervigilant in their active screening process. For further questions or additional information, please contact [Nicole Hernandez](#).

[Click to get our COVID-19 Updates](#)

Share this email:



[Manage](#) your preferences | [Opt out](#) using TrueRemove™

Got this as a forward? [Sign up](#) to receive our future emails.

View this email [online](#).

615 N. 7th St.
Boise, ID | 83701 US

This email was sent to .

To continue receiving our emails, add us to your address book.

emma