Idaho Hospital Association

COVID-19 Report to Members – September 28, 2020

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

Testing News

The President announced today that 150 million rapid coronavirus tests will be distributed across the country in the coming weeks. According to the Governor's office, Idaho should expect to receive its first shipment of about 53,000 Abbott point of care tests within the next week to ten days. A majority of the total 530,000 tests that will come to Idaho over the next three months are expected to provide schools with more testing capacity.

Idaho COVID Snapshot

The Governor's Coronavirus Working Group reviewed data for the month of September during its meeting today, and the trends are cause for some concern about a potential second wave of cases in Idaho.

After an early July peak in the percent of tests producing positive results, that "percent positive" rate had been on a steady decline for more than two months. After dropping below a 7% positive rate in early September, last week's tests came back at an 8.1% positive rate and total numbers of positive and probably cases topped more than 500 several days last week.

Another data point that causes concern is 30% of the statewide case increase has been in the 18 to 29-year-old age group – with nearly 60 percent of those cases involving 18 to 21-year-olds.

Governor Little will review Idaho's latest metrics and discuss the state's progress on Thursday, October 1 at 1p MTN / 12p PAC. Live streaming of the Governor's comments will be available on **Idaho Public Television**.

Quality & Patient Safety

Characteristics of healthcare personnel with COVID-19

An **article** published September 25 in CDC's Morbidity and Mortality Weekly Report provides an update on characteristics of healthcare personnel (HCP) diagnosed with COVID-19.

As established near the beginning of the pandemic, HCP are essential workers at elevated risk for COVID-19; the burden on HCP in the U.S. was published in an earlier **MMWR article** that included data through April 9, 2020.

From April 9 to July 16, the cumulative number of COVID-19 cases among HCP increased tenfold. The update shows:

> *"[M]ost HCP with COVID-19 were female (79%), aged 16–44 years (57%), not hospitalized (92%), and lacked all ten underlying medical conditions specified on the case report form (56%)*. Of HCP with COVID-19, 641 died. Compared with nonfatal COVID-19 HCP cases, a higher percentage of fatal cases occurred in males (38% versus 22%), persons aged ≥ 65 years (44% versus 4%), non-Hispanic Asians (Asians) (20% versus 9%), non-Hispanic Blacks (Blacks) (32% versus 25%), and persons with any of the ten underlying medical conditions specified on the case report form (92% versus 41%)."**

In six states with sufficient data on occupation and industry of cases, nursing was the most common occupation (30%) and residential care facilities the most common health care setting (67%).

A limitation of this study is that HCP status remains missing for most case reports. In addition, the study does not differentiate between workplace, household, community, or other exposure to SARS-CoV-2. The authors conclude by stating that continued protection of healthcare workers "at work, at home, and in the community remains a national priority."

As of September 26, an estimated 2,711 Idaho healthcare workers have or have had COVID-19, out of 40,296 total cases. As with national data, this is likely an underestimate.

** diabetes mellitus; cardiovascular disease, including hypertension; severe obesity (body mass index ≥40 kg/m2); chronic renal disease; chronic liver disease; chronic lung disease; immunosuppressive condition; autoimmune condition; neurologic condition; psychologic/psychiatric condition.*

Resources & Equipment

Updates on Idaho hospital reporting to HHS

HHS and CDC are beginning to provide precise and facility-specific feedback on COVID-19 acute care facility data reported via TeleTracking or via the Idaho Resource Tracking System (IRTS), the latter of which is pushed to TeleTracking. All data are ultimately consolidated in HHS Protect, which is a federal data clearinghouse available to federal, state, and a limited number of others.

Facility-specific feedback is provided via Hospital Data Coverage Reports, which show data submitted by Idaho facilities for the most recent Friday to Thursday period. These reports list, by each hospital in the state, the percentage of mandatory fields reported, the number of days reported, and each required field with the number of days that specific field was reported for the week.

For September 11-17, the most recent reporting period available, Idaho's 41 hospitals had high levels of reporting for required fields (93.3%, ranging from 82.9% to 100.0% by facility) but a relatively low number of days where all fields were reported at 100% (median number of 4 days, range from 0 to 7).

IDHW and IHA noted specific areas that were most impacting complete reporting:

1. **The number of confirmed or suspected COVID-19 admissions in the previous day by specific age group ~** Even in instances where there were no COVID-19 admissions (confirmed or suspected) in the previous day, age-specific strata for previous day admissions must also be completed with "0". Unfortunately, at this time, age-specific stratum fields do not auto-populate to "0" when a "0" is listed under previous day's COVID-19 admissions (confirmed or suspected). In IRTS, this information is located on the "HHS: Idaho Hospital Prev Day" tab.
2. **Supply fields for facilities with centrally managed PPE and other supplies ~** HHS requires that every facility complete all required fields, including on-hand supplies, even when those supplies are centrally managed. To meet reporting requirements, HHS and CDC have advised facilities that are part of a larger hospital system, which manages their supplies, to divide the total amount of on hand supplies evenly by the number of facilities or report supplies as proportionate to facility bed size in the larger hospital system. HHS reporting requirements prioritize some data (calculated in the method of a facility's choosing) for every facility over a potentially more accurate picture of all data for the system.

To increase reporting completeness or to correct incorrect entries, all facilities – including those that had chosen to report via IRTS – can update their data directly via TeleTracking one of two ways:

- If the update is for a date in the past four days, facilities can upload new data directly into TeleTracking by selecting the "Data Upload" in the right-hand corner of the TeleTracking window. A new pop-up window will open.
- If the update is for data beyond the four-day window, facilities can email the same file format to TeleTracking support (hhs-protect@teletracking.com) and request the update. IHA previously published an article **describing this process**.

On September 2, the interim final rule **Medicare and Medicaid Programs, Clinical Laboratory Improvement Amendments (CLIA), and Patient Protection and Affordable Care Act; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency** was published in the Federal Register, immediately allowing HHS to tie CMS reimbursement to COVID-19 data reporting completeness. Although only reported via the popular press to date, HHS may be preparing to enforce the rule. HHS and CDC have verbally noted that they will be sending completeness reports to hospitals directly. IHA remains available to answer any questions that facilities may have about COVID-19 reporting. IHA and partners remain indebted to Idaho's acute care facilities for all their work in keeping Idahoans safe and healthy, and reporting on the status of the pandemic through the lens of their facility via timely and accurate facility-specific data.

Virtual Meetings & Education

Replay ~ Optimizing Healthcare PPE

This ASPR TRACIE webinar provides current information and guidance from the three federal agencies (NIOSH, OSHA, and the FDA) with authority and oversight of PPE technology during the public health emergency. The program also provides in-depth information on many types of masks and respirators, their effectiveness in preventing coronavirus, and recommended reuse and decontamination methods.

Optimizing Healthcare Personal Protective Equipment & Supplies
Replay **Slides**

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