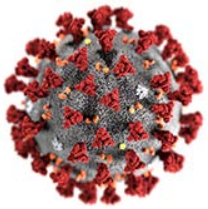
COVID-19 Statewide Hospital Huddle Summary Tuesday, June 30, 2020



Tom Bell welcomed everyone to the Fourth of July week edition of the Hospital Huddle. He hoped that everyone has a great week and that their holiday is safe and very happy.

KDADS Guidance – Scott Brunner, Deputy Secretary of the Kansas Department of Aging and Disability Services, thanked KHA for the invitation to participate on the call. His position at KDADS oversees the four state hospitals, survey and certification and state licensing activities. He took responsibility for writing guidance for nursing facilities and state licensed facilities as they consider how to reopen to visitors and outside services in the coming weeks. In March, CMS issued clear directions for nursing facilities to close to visitors, to impose more screening of staff and residents, and to keep COVID out of buildings via outside visitors. Seniors in particular and those with multiple conditions bear a larger burden of COVID. Due to many of the high volume cases, and what the media were covering in terms of where there were large outbreaks in nursing facilities, it made sense to do something more striking with the facilities in terms of the spread of COVID-19.

In Kansas, the guidance document applied to the state licensed facilities, assisted living, adult care homes and the kinds of facilities KDADS licenses at the state level. This guidance created a blanket set of rules to apply uniformly. As we progressed through the next couple of months and the Governor established the Ad Astra Reopening Plan. There were identified phases of reopening and steps to take through that process. Nursing facilities were mentioned in that plan, but it did not specifically addressed how they were to reopen. In May and early June, CMS issued additional guidance that facilities needed to stay closed to visitors, but states and communities, if they were deciding to reopen, could give direction to nursing facilities about how to reopen. We talked about phases and stages within the phases. We tried to provide nursing facilities and assisted living, state licensed adult care home, universal testing of people in facilities. We wanted to be as definitive as possible and merge/harmonize different guidance documents that were being published by CMS at the federal level, CDC, KDHE and KDADS materials. Facilities asked KDADS to, "Tell us what we are supposed to do, given all the different places that are giving us guidance." There was one document published on June 12 for nursing facilities and another document published on June 17 for state-licensed facilities. Both resources tried to give facilities some direction on how to proceed to reopen their facilities to visitors and outside services. When you try to take these different guidance pieces together, you lose some items in the mix, trying to make them all fit. Some compromising had to happen. Some people think it was not as clear as they would like, while others think it is too restrictive.

Differences between the two documents include:

- CMS is more directive to skilled facilities about using a federal system of reporting that doesn't apply to the state-licensed facilities, and
- How KDADS describes the two kinds of facilities.

Common points to both documents:

- Have nursing facilities and adult care homes develop a plan for how they would want to reopen to visitors and tried to give direction on what that plan should include:
    - Some description of your approach to testing staff and residents;
    - KDHE testing guidance nor KDADS do not say they have to test every resident and staff. That is a facility choice. KDADS wants the facilities to have a plan for when and how and how many

tests they would do and what the facility would do if they find a positive COVID-19 case in their building. They need a plan for isolating a person who was positive, sending staff home, or whatever their plan is;
    - Who can do the testing, if they need to identify staff members for training, etc. Need to identify what laboratory they would use for the testing and how to get the test results back. KDHE will help with testing if there is an outbreak, but KDADS wants a facility to have resources identified to conduct testing before that; and
    - Think about what will happen to a person who tests positive for isolation. KDADS stood up a process in March for temporary licenses for alternative care sites for COVID-positive patients or use part of their existing building differently.

- Reporting reaffirms that positive or suspected cases need to be reported to KDHE, which is state law. Nursing or skilled facilities need report through NHSN as directed through CMS. State licensed facilities report to KDHE. Report positive cases to families and residents based on CMS requirements. Removed facilities need to report to KDADS as the state survey agency. KDADS will take their case reports from KDHE in order to remove one reporting path out of the mix.

- KDADS wants to be clear that the facilities plan needed to be informed by the local health officer and local health department relevant for that facility. KDADS wanted to reinforce that facilities need to know who their health department and local health officers are. They are the resources that the facilities need to use for the best insight on what the county was going to do for reopening, testing requirements and any other public health parts of the planning. What had changed between March and the later part of April, we moved from having a state reopening plan to a county-specific plan. Facilities need to be part of the county-specific discussions. Their plans needed to reflect county-specific differences. Can always be more restrictive as needed.

- Plans need to have phases, and the phases could be whatever the counties determined. Facility plans should have steps to reopening, and the pace of reopening nursing facilities and adult care homes ought to be done slower than the rest of the county. Nursing facilities should be more cautious about reopening. KDADS included in the document many links to the contacts for county health departments, CDC and CMS related documents and tried to put as many resources in the document as possible.

These two resources will probably not be the last, definitive resource, so KDADS created an email address to send in questions at kdads.reopening@ks.gov. They are keeping a running list of questions that are parts of a FAQs resource. KDADS has had a pretty good responses to both documents, but have had questions about how a facility should proceed if a county wants to be at a pre-COVID level of opening. The facility needs to assess that, given their level of preparedness. KDADS resources are online at https://kdads.ks.gov/ in their COVID-19 Resources section.

Statistics Relative to COVID – Sally Othmer

Per counts reported by KDHE yesterday, COVID cases continue to trend upward, up 15% or just under 2,000 since our huddle last week. All but eight counties in Kansas have reported cases. The state reported 270 deaths as of yesterday, which is an increase of 11 since last week. Important to note that, despite increased testing, the 14-day trend of infections by population continues to climb from .01% to .017%, and hospitalizations per infection has remained steady at over 8 percent. These measures demonstrate the impact on our hospitals and our communities. At a regional level, all KHA districts again indicated an increase in cases since last Monday and an increase in new cases as a percent of the region's population. The North Central district showed the greatest increase by 51% from last week. See the KDHE Latest Public Update for additional information.

COVID Data Collection - National Healthcare Safety Network (NHSN) – As a reminder, the Kansas Department of Health and Environment notified KHA last week that they will rely on data reported through NHSN for COVID reporting. KDHE uses the data to determine Remdesivir and PPE distribution so consistent daily submission is critical. KDHE has asked for KHAs assistance to encourage our hospitals to report this data to NHSN through the COVID-19 Patient Impact and Hospital Capacity Pathway module and to report on a consistent daily basis.

We also encourage our hospitals to join the **KHA Reporting Group** under the **Patient Safety component** in NHSN. So far, 106 Kansas facilities have joined the group. The group ID is **60538** and the password is **Kansas*2020**. This will give us daily hospitalization counts, an important indicator that we can include at the regional level on our KHA COVID Dashboard.

COVID-19 Preparedness and Response Update – Ron Marshall
ASPR Grant Update – The first expenditure report for the ASPR grant is due on July 10. He thanked everyone who has submitted an expenditure report. Still have a lot to collect. If you have expended the funds, send in a receipt or invoice and indicate on the form which of the seven focus areas the funds were applied to. On the report, if you have not expended any funds yet, for reporting purposes back to ASPR, KHA needs to know what focus areas you intend to expend the funds. The final question asks that, if additional funds are available, are you interested in receiving those funds and what focus area(s) you would expend the funds in. For questions, send emails to aspr@kha-net.org.

HHS Region 7 PPE Update – The White House Task Force proposed cold calling every hospital asking what their challenges are concerning PPE. Region 7 HHS staff are having the state departments of health and hospital associations gather that information. All on the HHS Region 7 call expected high-level overview of what is happening in the state regarding PPE availability, but they want information at a granular level. Will be working with KDHE and KDEM to determine the best way to gather that information. Ron asked that hospitals who have experienced continued problems getting PPE to send an email to Ron so he can contact the White House Corona Task Force. They will work directly with the vendors and distributors to try to help hospitals who are having problems getting PPE. For the nursing home staff, he asked if there anything we aren't thinking about concerning PPE in long-term care.

HHS would like to get the data from the states **by July 16**. KHA will compile the data that hospitals input into the supply module of NHSN and submit it to HHS this week or next week.

State Lab and Testing – Myron Gonzales will be on next week's call July 7 at 10:00 am to discuss the state lab and what tests detect, when to use what test, and which test is useful for different situations.

Remdesivir Update – Karen Braman
The last allocation of the donated remdesivir will be received at KDHE this week and shipped to hospitals based on the information submitted to Teletracking. The allocation is a total of 22 boxes, each including 40 vials, or approximately 146 courses of 5 days of therapy. Less if 10 days of therapy is used. Yesterday Gilead announced the pricing they have set for remdesivir. In an open letter, Gilead's CEO announced that remdesivir will be set at $390 per vial for governments of developed countries. This equates to $2,340 per a 5-day treatment course. The United States is the only country for which Gilead has established two tiers of pricing. The price for US private insurance companies was set by Gilead at $520 per vial.

The federal Department of Health and Human Services has purchased 500,000 courses of therapy from Gilead for distribution to US hospitals. This supply is expected to be what Gilead has available through September; although some medication may be held back by Gilead.

KHA has been in communication with HHS, and KDHE and has been informed by HHS that HHS does not have full information on the timing of future remdesivir availability for the HHS-purchased and managed remdesivir. HHS has stated that the supply that they have purchased will be made available to hospitals for purchase, although that process has not been finalized by HHS. The available allocations for hospitals will still be determined using an algorithm aligned with the COVID-19 burden, similar to the prior remdesivir distributions by HHS. Once allocated by HHS and KDHE, hospitals will then have the option to purchase. Shipments are likely to be every 2-weeks, but this is still to be determined by HHS. KHA will continue to communicate with HHS and KDHE on the process and pricing and will share with members as more information is available.

Gilead has announced that they are researching an inhaled formulation of remdesivir that would be administered via nebulization. The rationale shared by Gilead is that the administration could possibly be done at home and earlier in the disease process. Nebulization has been identified as an aerosol-generating procedure, so it will be interesting to track information on this new formulation as it develops. At this time, there are no projections on when remdesivir might be available through normal supply channels. Please let us know what questions you have regarding this issue and we will get your questions answered.

State and Federal Updates – Chad Austin
Federal Level – KHA staff has been regularly communicating with the Kansas congressional offices on COVID-19 and non-COVID related issues. In anticipation of the next COVID package, KHA has raised several items for consideration. Among these include the permanent forgiveness for the Medicare Accelerated Payments, making the Sec. 1135 telehealth waivers granted by CMS permanent, and assisting with liability protections for those on the front lines fighting the pandemic. KHA staff has also raised the need for the Kansas congressional delegation to assist in the approval process of the changes to the hospital provider assessment program as well as the roll out for alternative models of care.

State Level – KHA reported on the Governor's recently announced requirement to wear face coverings in public settings when social distancing may not be conducted. The Governor's executive order is expected to be released on Thursday and will outline details of the requirement. Further, KHA staff continues to work closely with the governor's office, legislative leadership, and members on the SPARK committee to determine how hospitals and health care professionals may access the federal funding that has been allocated to Kansas.

Member Questions – All Topics

Q1: In the Adult Care Homes Reopening Guidance FAQ documents, there is a question about a standalone SNF with Assisted Living being able to get testing done free of charge. The answer given was that there is no charge for testing done through KHEL. However, the KHEL Director (Myron Gonzales) has stated that the KHEL will NOT perform testing for specimens unless they meet the clinical indications. This will not allow either residents or staff to have specimens submitted to KHEL. Which is correct?
A1: KDADS – I believe the answer in the FAQs is right, and my understanding is that the state lab testing is free when they conduct the testing. They are only providing the testing if the county health officer or county health department has identified that the person being tested is a person under investigation as testing positive and/or if the county health department has determined that they are going to do mass testing of a group of people in a facility or residence. When tests come through the health officer or local health department, KDHE will pay for it out of emergency funds for the initial round and one follow-up round.

Q2: When would residents' family members be allowed to visit?
A2: KDADS – it depends on how the facility approaches visiting in their plans. When to reopen, who to reopen to first is an important decision. The KDADS guidance are pretty permissive, as to reopening to family members first and then outside visitors or contractors afterward. It will be a different answer county to county.

Q3: Will there be any separate guidance issued on how to manage residents who have already had COVID and are considered recovered from COVID?
A3: CMS and CDC guidance have a lot of information on how to identify a case and what to do when you identify it, but it doesn't have as much clear information regarding what to do when someone has recovered. Health departments are the best source for that. KDADS doesn't really have particular guidance to give other than what CMS and CDC would say. The CDC guidance for LTC facilities talks about when you can end transmission-based precautions and when somebody is identified as being recovered. That falls more under the health side of things rather than the regulatory side. The FAQs are a good resource for information. As noted last week: KHA staff was informed by Farah Ahmed, PhD, KDHE State Epidemiologist that for recovered COVID-19 patients (patient has been released by the local health department - met 10 days from symptoms and 72 hours fever-free ... hence that patient is no longer and active case), the long-term care facility needs to work with the local health officer on reopening and/or readmitting patients. There should be no problem reopening as long as the resident is not an active case.

Q4: Do hospitals need to keep reporting the PPE inventory counts to the Teletracking system?
A4: If hospitals are reporting into NHSN daily, they do not need to report into Teletracking as well. Both the state and HHS have access to the data that is reported into NHSN. There are two different modules in NHSN. Hospitals were encouraged to maintain the supply module as well.

Q5: It was reported that the number of positives keep increasing. Is that because the number of tests are increasing?
A5: If you do more testing, you are going to see more cases. The impact on individual facilities and the community overall can be seen on the trend line of infections per population. That shows new infections per population over fourteen days and the hospitalization rates for infection, which is still above 8% even with the increased testing and increased number of cases. Watch these trends and rates on the KHA COVID-19 Dashboard.

Q6: On the KDHE website, is there a quick direct link for essential health care workers that details returning them to work? Sometimes it differs from CDC and KDHE on exposure.
A6: KDADS are addressing the same thing. They have found some of the CDC guidance is most helpful on the CDC website, under COVID page. They have breakdowns for facility types, which he has found helpful.

Next Hospital Huddle Call
Please continue to share your COVID-19 questions with us by emailing Cindy Samuelson. Our next call will be Tuesday, July 7 at 10:00 a.m. Myron Gunsalus, Lab Director, Kansas Health and Environment Laboratories will be the guest speaker on our call.